

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Barbara Ellen Adams

Died at ^{Town} *Bearer Creek* ^{County} *Washington*

MARYLAND

Date of death 1908 ^{Month} *1* ^{Day} *31* ^{Years} *42* ^{Months} *1* ^{Days} *4*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *House work* Where Residing if not at place of death *C*

Married, Single or Widowed *Single* Name of Wife or Husband *C*

Father's Name *George I Adams*

Father's Birthplace *Md*

Mother's Maiden Name *Lucy Rowland*

Mother's Birthplace *Md*

Name of person giving Information *Elyabeth Adams*

How related to deceased *Sister*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Pleura Pneumonia*

How long *8 days*

Immediate *Exhaustion*

How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*A P Stanger,
Hagerstown*

J

Accident or Suicide

No

Beeser Creek

A. K. Coffman

Name
in
Full

Mrs. Mary S. Bailey

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hagerstown

Wash.

Date of death 1980

Month 1

Day 5

Age

Years

62

Months

3

Days

13

Sex

Female

Color or Race

white

Birth-place

Md.

Occupation

N. W.

Where Residing if not at place of death

Married, Single or Widowed

widow

Name of Husband

Samuel E. Bailey

Father's Name

Lewis Erude

Father's Birthplace

Germany.

Mother's Maiden Name

Dorothea Most

Mother's Birthplace

Germany.

Name of person giving Information

E. A. Bailey

How related to deceased

son.

CAUSES OF DEATH

Primary

Double Lobar Pneumonia

How long

8 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. A. Narram

Address

130 N. Main St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

93

Rosa Hill
to Mr. Suter & Son.

J. M. Suter & Son

Name
in
Full

Emma J Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} MARYLAND
Date of death 1964 ^{Month} Jan ^{Day} 8 ^{Age} 51 ^{Years} ^{Months} 8 ^{Days} 2
Sex Female Color or Race White Birth-place Md
Occupation Housework Where Residing if not at place of death _____
Married, Single or Widowed Married Name of Wife or Husband Clinton E Baker
Father's Name Frank Barlow Father's Birthplace Md
Mother's Maiden Name No record Mother's Birthplace unknown
Name of person giving Information Clinton Baker How related to deceased Husband

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary Carcinoma uteri ^{How long} 9 months
Immediate Short ^{How long} 3 hours
Are the name, age, sex, color, date and place correctly given above? 8
Signature of Physician [Signature] Address Hagerstown Md
Accident or Suicide

to 7477

Mr. Coffman

Box 7477

A. K. Coffman

Name
in
Full

Nelson M Barnhill

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Wash ^{County} MARYLAND
Date of death 1910 ^{Month} Jan ^{Day} 6 ^{Years} 50 ^{Months} 0 ^{Days} 0
Sex Male Color or Race White Birth-place Penna
Occupation Laborer Where Residing if not at place of death _____
Married, Single or Widowed Married Name of Wife or Husband Maggie Barnhill
Father's Name David Barnhill Father's Birthplace Penna
Mother's Maiden Name Maggie Smith Mother's Birthplace Swissville Pa
Name of person giving Information Charles Barnhill How related to deceased Son

CAUSES OF DEATH

198

PHYSICIAN
OR CORONER

Primary Acute Cordiac Failure How long Sudden
Immediate Acute Cordiac Failure How long Sudden
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. M. [Signature] Address Hagerstown Md
No  Accident or Suicide

S. K. Lowman
Undertaker

Ross Hill

Name
in
Full

Moses Beulon Bomberger

CERTIFICATE OF DEATH

Died at ^{Town} *Bonsabon* ^{County} *Wash.* **MARYLAND**

Date of death 19*00* ^{Month} *Jan.* ^{Day} *28* ^{Years} *80* ^{Months} *4* ^{Days} *11*

Sex *Male* Color or Race *White* Birth-place *Wash. Co*

Occupation *Merchant -* Where Residing if not at place of death *Bonsabon*

Married, Single or Widowed *Married* Name of Wife or Husband *Saura Bomberger*

Father's Name *Jacob Bomberger* Father's Birthplace *Wash. Co*

Mother's Maiden Name *Mary Betty* Mother's Birthplace *" "*

Name of person giving Information *Maud Bomberger* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Cerebral Pneumonia* 99 *8 Days*
How long *8 Days*
Immediate *Heart Failure* *Unmed.*
How long *Unmed.*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

S. S. Davis

Address

Bonsabon Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Brining & Bast
undertakers

Name
in Full

Sarah L Brewer

CERTIFICATE OF DEATH

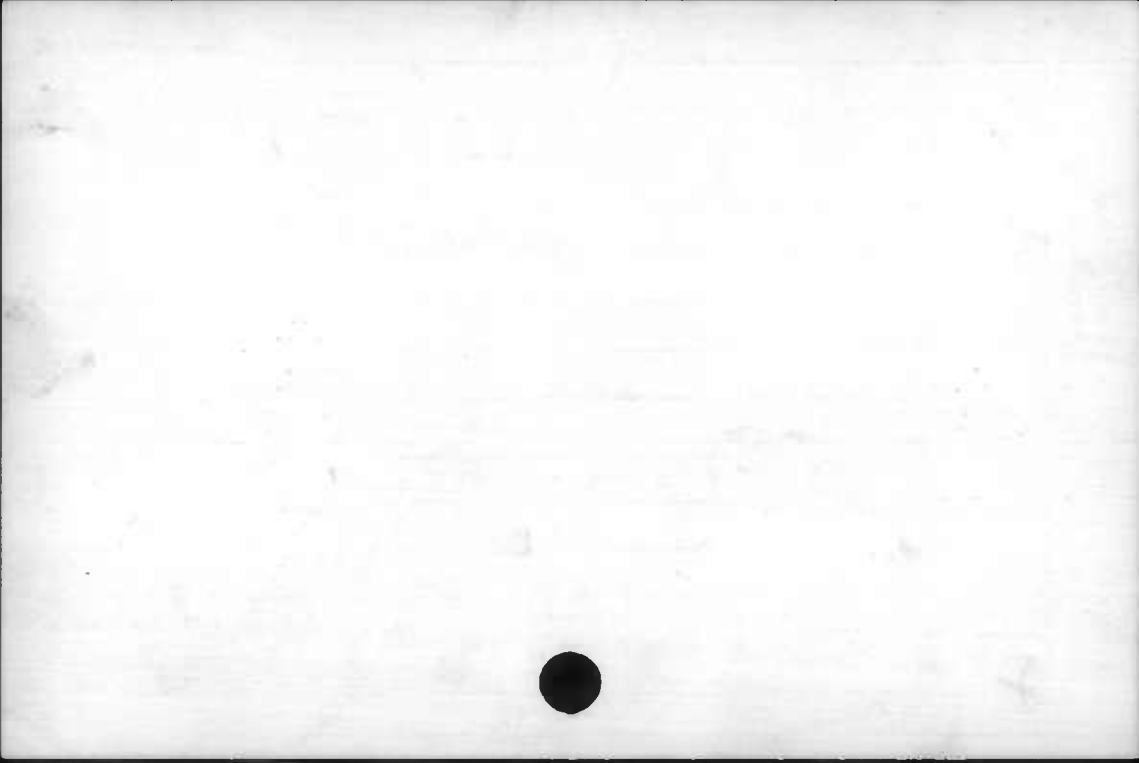
TO BE ANSWERED BY
NEAREST FRIEND

Died at Clear Spring ^{Town} Washington ^{County} MARYLAND
 Date of death 1900 ^{Month} January ^{Day} 27 ^{Years} Age 63 ^{Months} 1 ^{Days} 2
 Sex Female Color or Race White Birth-place Ind
 Occupation Housewife Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Otis Brewer
 Father's Name John Renner Father's Birthplace Ind
 Mother's Maiden Name Matilda Wisherd Mother's Birthplace Ind
 Name of person giving Information Matilda Brewer How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of the Liver 40 ^{How long} 2 Years
 Immediate Gradual Exhaustion ^{How long} Gradual
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. D. Perry
2 Address Clear Spring
Ind
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Anna Catherine Brining*
Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 19*60* Month *1* Day *25* Age *—* Years *—* Months *10* Days *12*
Sex *female* Color or Race *white* Birth-place *Md.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *Ernest S. Brining* Father's Birthplace *Md*
Mother's Maiden Name *Lillian K. Kemp* Mother's Birthplace *"*
Name of person giving Information *Ernest S. Brining* How related to deceased *father*

CAUSES OF DEATH

77

Primary *Pericarditis* How long *1 month*
Immediate *Coronary Embolism* How long *1 1/2 hrs*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. D. Stauffer
Hagerstown, Md

Accident or Suicide

*No*PHYSICIAN
OR CORONER

Rose Hill

C. M. Suter & Son.

Name
In
Full

anne maria Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town}Boonsboro ^{County}Washington MARYLAND

Date of death 1940 ^{Month}Jan ^{Day}7 ^{Age}79 ^{Years}8 ^{Months}3 ^{Days}3

Sex Female Color or Race white Birth-place Maryland

Occupation Housewife Where Residing If not at place of death

Married, Single or Widowed widowed Name of Wife or Husband James Brown

Father's Name Peter Heck Father's Birthplace Md

Mother's Maiden Name Rebecca Green Mother's Birthplace Md

Name of person giving Information E. K. Bomberger How related to deceased Son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Lobes Pneumonia How long 4 days.

Immediate Heart Failure, Collapse How long Sudden.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. Hubert Wade, M.D.

Address Boonsboro, Md

Accident or Suicide? No.

Bruning & Bart

Mudcaton

Name
in
Full

Elias T. Bussard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} MARYLAND

Date of death 1910 Jan. ^{Month} 19 ^{Day} Age 64 ^{Years} 9 ^{Months} 25 ^{Days}

Sex Male Color or Race White Birth-place Sharpsburg Md

Occupation Shoemaker Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Emma Bussard

Father's Name Jacob Bussard Father's Birthplace Not Known

Mother's Maiden Name Rebecca Keplinger Mother's Birthplace "

Name of person giving Information Emma Bussard How related to deceased Wife

CAUSES OF DEATH

154

Primary Senility

Immediate Asthma

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of
Physician

Address

How long 6 mo.

How long one wk.



J. R. Laughlin
Hagerstown,
Md.

PHYSICIAN
OR CORONER

S. K. Lowman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Nestley Chase* **Town** *Bellvue* **County** *Washington* **MARYLAND**

Died at *Bellvue* *Washington*

Date of death *1940* **Month** *Jan.* **Day** *5* **Age** *27* **Years** *6* **Months** *23* **Days**

Sex *Male* **Color or Race** *colored* **Birth-place** *Smithburg Md*

Occupation *Labor* **Where Residing if not at place of death** _____

Married, Single or Widowed *Single* **Name of Wife or Husband** _____

Father's Name *William H. Chase* **Father's Birthplace** *Hagerstown*

Mother's Maiden Name *Hester H. Grant* **Mother's Birthplace** *Fairplay Md*

Name of person giving Information *William H Chase* **How related to deceased** *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Influenza & Brain* **How long** *65* **Years**

Immediate *Exhaustion* **How long** *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. W. W. W.*

Address *Hagerstown. Md*

Accident or Suicide *No*

S. K. Lowman
Undertaker.

S. K. Lowman.

Name
in
Full

Still born child Harry Elizabeth Cromer
 Town *Hagerstown* County *Wash.*

CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown*

Date

1910

Month

1

Day

3

Age

Years

6 mos.

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Harry Cromer

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Bailey

Mother's
Birthplace

W. Va.

Name of person giving
Information

Harry Cromer

How related
to deceased

father.

CAUSES OF DEATH

Primary

Permeation G. res.

How long

8

Immediate

Manitum

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. M. Nihiser

Address

107 N. Mulberry St.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L.M. Senter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Edward Cummings
Town Hagerstown County Wash.
Died at MARYLAND
Date of death 1940 1 19 Age 39 Months 6 Days 24
Sex male Color or Race white Birth-place Md.
Occupation R.R. Engineer Where Residing if not at place of death
Married, Single or Widowed married Name of Wife or Husband Stella Cummings
Father's Name David R. Cummings Father's Birthplace Penna.
Mother's Maiden Name Susan Hawbecker Mother's Birthplace Penna.
Name of person giving Information Frank E. Cummings How related to deceased brother.

CAUSES OF DEATH

Primary Intestinal Obstruction How long 4 days -
Immediate Osseous Exhaustion How long One day
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician L. W. W. W.
Address Hagerstown
Accident or Suicide

PHYSICIAN
OR CORONER

C. M. Suter & Son

Name
in
Full

Carl L. Birmingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		1	Friday	10		7	15
Sex		Color or Race		Birth-place			
Male		White		Downsville			
Occupation				Where Residing if not at place of death			
				Farmington			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
No				Chewsville		Downsville	
Father's Name		Mother's Maiden Name		How related to deceased			
Daniel Birmingham		Viola Dick		Daughter			
Name of person giving information							
Viola Birmingham							

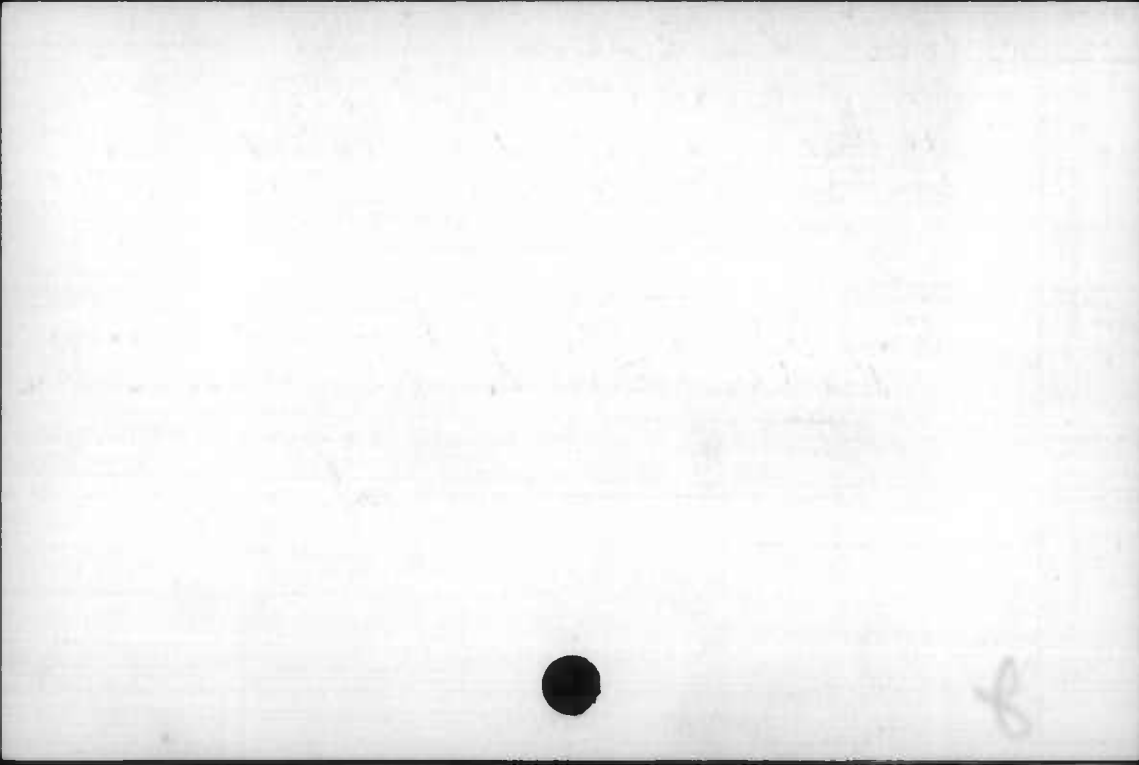
CAUSES OF DEATH

166

176

PHYSICIAN
OR CORONER

Primary	Struck by cart in face	How long	3 days
Immediate	Then injured	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. [Signature]	
Address		Farmington	
Accident or Suicide?		[Signature]	



Name
in
Full

Francis Leila Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Barnett's Farm in Neck* ^{County} *Washington* **MARYLAND**
 Date of death ^{Month} *1900* ^{Day} *28* ^{Years} *2* ^{Months} *6* ^{Days} *28*
 Sex *Female* Color or Race *White* Birth-place *on Barnett Farm*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Daniel Luther Davis* Father's Birthplace *Illinois*
 Mother's Maiden Name *Susan Elizabeth Lowry* Mother's Birthplace *Doronsville Md*
 Name of person giving Information *Daniel L Davis* How related to deceased *Father*

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary *Tubercular Meningitis* How long *4 days*
 Immediate *Spasms* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. D. P. Lester*
 Address *Williamsport Md*

J
 Accident or Suicide

January 30th 1910.

J. F. Keeps. Undertaker

Williamport Md.

Interred at Manor Church Cemetery.

Washington Co. Md.

Name
in
Full

William W Delauter

CERTIFICATE OF DEATH

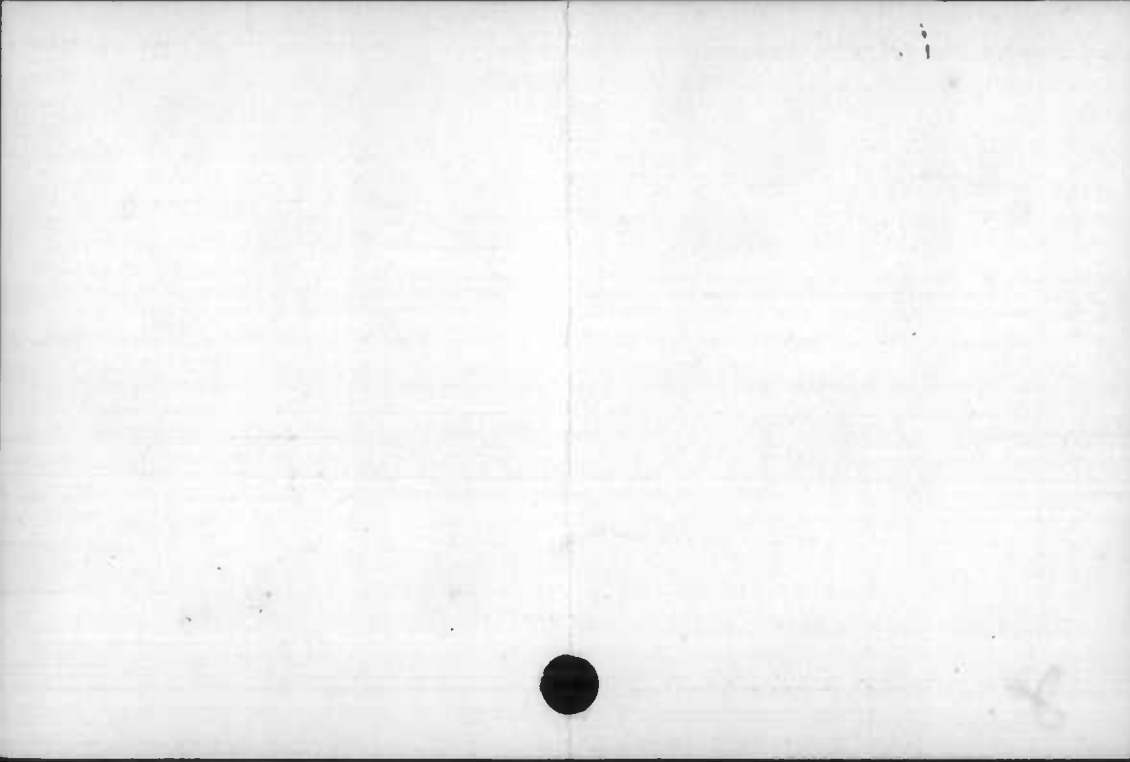
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near ^{Town} Reed		Washington Co		Maryland	
Date of death	1960	Month	1 st	Day of	1 st	Years	32
Sex	Male	Color or Race	White	Months	10	Days	20
Occupation	Laborer			Birth-place	Frederick Co.		
Where Residing if not at place of death							
Married, Single or Widowed	Single			Name of Wife or Husband	Pearl Pryor Delauter		
Father's Name	Mahlow Delauter			Father's Birthplace	Fred Co.		
Mother's Maiden Name	Elnora Gaver			Mother's Birthplace	Fred Co.		
Name of person giving information	Pearl Delauter			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubercular Arthritis et		How long	15 WEEKS.
Immediate	Pulmonary Heart failure		How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Wm. H. Quinn
			Address	Chewsville Md.
Accident or Suicide?	No			



Name
in
Full

CERTIFICATE OF DEATH

Margaret Ann Doyle

Town

Beaver Creek

County

Washington

MARYLAND

Died at

Date

of death 1900

Month

Jan

Day

18

Age

Years

84

Months

0

Days

15

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Benjamin Doyle

Father's
Name

Richard Carson

Father's
Birthplace

Pa

Mother's
Maiden Name

Elizabeth Bowers.

Mother's
Birthplace

Md

Name of person giving
In formation

Susan E Doyle

How related
to deceased

daughter

CAUSES OF DEATH

20

Primary

Blood Poisoning

How long

4 weeks.

Immediate

Heart Failure Cerebral

How long

Sudden.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

J. Hubert Wade, M.D.
Boonsboro, Md.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bruning & Best
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Virginia Eable</i>		Town <i>Halpewad</i>		County <i>Washington</i>		MARYLAND					
Died at		Month <i>1</i>		Day <i>1</i>		Years <i>12</i>		Months <i>3</i>		Days <i>6</i>	
Date of death 19 <i>10</i>		Color or Race <i>White</i>		Birth- place <i>md</i>							
Sex <i>Female</i>		Occupation <i></i>		Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>									
Father's Name <i>Marion C Eable</i>		Father's Birthplace <i>md</i>									
Mother's Maiden Name <i>Hettie Miller</i>		Mother's Birthplace <i>md</i>									
Name of person giving Information <i>Marion C Eable</i>		How related to deceased <i>Father</i>									

CAUSES OF DEATH

50 ✓

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>Two years</i>
Immediate <i>Pneumonia</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Blana J. E. Riley</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide <i></i>	

Coffman
Rice Hill

A. K. Coffman

Name
in
Full

Anna M. Eavey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>—</i> Years	Months <i>—</i> Days <i>12 hrs</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sharpsburg</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>J. W. Eavey</i>	Father's Birthplace <i>Sharpsburg</i>				
Mother's Maiden Name <i>Deela Smith</i>	Mother's Birthplace <i>Sharpsburg</i>				
Name of person giving information <i>J. W. Eavey</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Unknown - Child immature.</i>	How long <i>—</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. M. Garrett</i>
	Address <i>Sharpsburg, Md.</i>
Accident or Suicide?	

Phas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

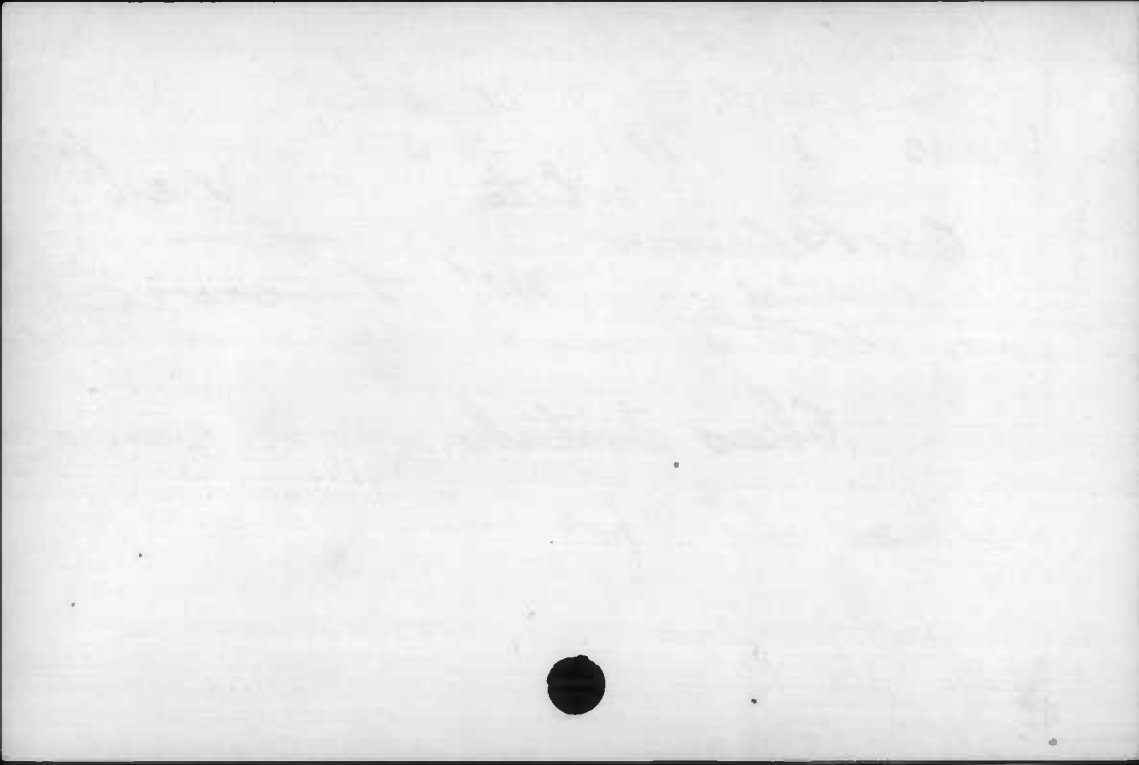
Name in Full <i>Melenda Edmy</i>		Town <i>Eakles Mills</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Eakles Mills</i>		Date of death <i>1900</i>		Month <i>Jan</i>		Day <i>10</i>	
Age <i>15</i>		Years <i>15</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Eakles Mills</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Alex Edmy</i>		Father's Birthplace <i>Knoxville</i>					
Mother's Maiden Name <i>Maud Fisher</i>		Mother's Birthplace <i>Eakles Mills</i>					
Name of person giving information <i>Geo Fisher</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Asphyxia Neonatorum</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Richard W. Poir M.D.</i>	
		Address <i>Keedyville Md</i>	
Accident or Suicide?			



Name
in
Full

George Estep

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Wash County MARYLAND
Date of death 1940 Month 1 Day 11 Age 35 Years Months Days
Sex male Color or Race white Birth-place Va.
Occupation Car Repairer Where Residing if not at place of death —
Married, Single or Widowed married Name of Wife or Husband Not Known
Father's Name Not Known Father's Birthplace unknown
Mother's Maiden Name " " Mother's Birthplace unknown
Name of person giving Information Chas Fritch How related to deceased none

CAUSES OF DEATH

Primary Struck by Car
Immediate Fracture Cervical Vertebra

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W B Morrison
Hagerstown
Md.

Accident or —

Yes

PHYSICIAN
OR CORNER

Luray Va
Suter & Son

L.M. Suter & Son

Name
in
Full

Mary Jane Faith

CERTIFICATE OF DEATH

Pennsylvania
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pittsburg</u> <small>Town</small>		<u></u> <small>County</small>	
Date of death <u>1900</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>17</u> <small>Age</small> <u>2</u> <small>Years</small> <u>5</u> <small>Months</small> <u>11</u> <small>Days</small>			
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pittsburg Pa.</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>Died at home</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>		
Father's Name <u>J. L. Faith</u>	Father's Birthplace <u>Wash & Ind.</u>		
Mother's Maiden Name <u>Mary Jane Norris</u>	Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>J. L. Faith</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Simple acute meningitis</u>	How long <u>15 Days</u>
Immediate <u>Physician</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Hallson</u>
<u>Cofined</u>	Address <u>Pittsburg Pa</u>
Accident or Suicide <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julius L Fisher
Town *Lagerstown* County *Washington* MARYLAND
Died at
Date of death 19*01* Month *1* Day *14* Age *77* Years Months *6* Days *1*
Sex *Male* Color or Race *White* Birth-place *Germany*
Occupation *Retired* Where Residing if not at place of death _____
Married, Single or Widowed *Widower* Name of Wife or Husband *Johanna Buckhart*
Father's Name *Charles Fisher* Father's Birthplace *Germany*
Mother's Maiden Name *Hannah* Mother's Birthplace *Germany*
Name of person giving Information *J. H. Fisher* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *Two or four years*
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *J. P. Scott*
Address *Lagerstown,*
Accident or Suicide *Accident*

L. M. Watkins

Name
in
Full

Harriett Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Washington MARYLAND
Date of death 1900 Month 1 Day 15 Age 64 Years Months Days
Sex Female Color or Race Colored Birth-place Md
Occupation Domestic Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name John Fisher Father's Birthplace Md
Mother's Maiden Name Caroline Taylor Mother's Birthplace Md
Name of person giving Information Lucy James How related to deceased Niece

CAUSES OF DEATH

12 B ✓
How long

PHYSICIAN
OR CORONER

Primary Acute Bronchitis & Acute Cystitis How long 4 weeks
Immediate Cardiac Failure How long 4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Amos W. Gammell
Hagerstown

Accident or Suicide

No

Md

Dr Waggaman
Coffman Highway

A. K. Coffman.

Name
in
Full

George W. Gimple

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

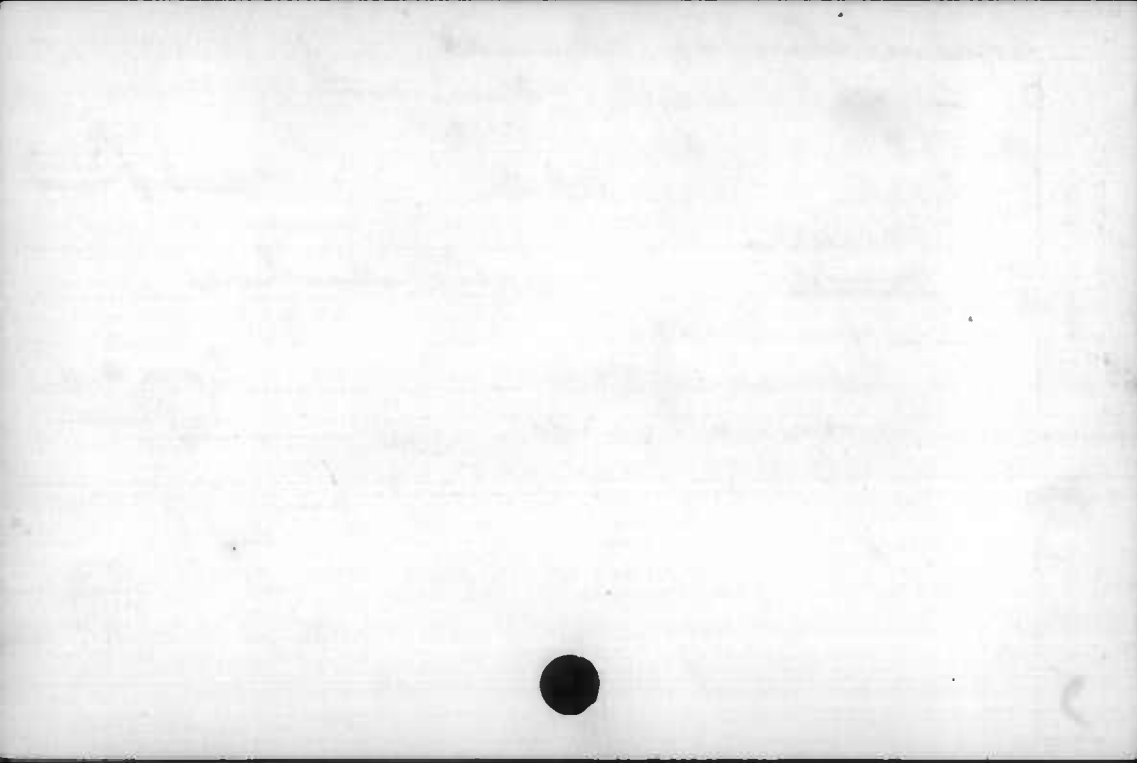
Died at		Town <i>Frankston</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		1	21	79		8	19
Sex		Color or Race		Birth-place			
Male		White		Frankston			
Occupation				Where Residing if not at place of death			
Farming				Frankston			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
John Gimple				Germany			
Mother's Maiden Name				Mother's Birthplace			
Mary L. Conrad				Lancaster Pa			
Name of person giving information				How related to deceased			
John E. Osborn				Nephew			

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary	<i>Strangulated Hernia</i>	How long	<i>2 days</i>
Immediate	<i>Hernia</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>C. J. Gimple</i>	
		Address	
		<i>Frankston Md</i>	
Accident or Suicide?			



Name
in
Full

Samuel Luther Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snyderhammick</i>		County <i>Washington</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>75</i>	Months <i>11</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dr Bishop Farms</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie Hawken</i>				
Father's Name <i>John Grimes</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Rebekah Lynch</i>			Mother's Birthplace <i>Dam # 4</i>		
Name of person giving information <i>George Grimes</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long _____
Immediate <i>Lung exhausting</i>	How long <i>four years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. D. T. Lesh</i>
	Address <i>Williamsport Md</i>
Accident or Suicide?	

January 26th 1910

J. F. Reeps. Undertaker

Williamsport Md.

Interred in Riverview Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

Susan Elizabeth Hahn
Town *Edgemont* County *Washington*

MARYLAND

Died at *Edgemont* Month *Jan* Day *9* Age *66* Months *6* Days *21*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Geo. H. Hahn*

Father's Name *Wm Sturdevant* Father's Birthplace *Ind*

Mother's Maiden Name *Ann Whitlock* Mother's Birthplace *Ind*

Name of person giving Information *Amanda Carbaugh* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Cardiac and Renal Disease*

How long *Several Years*

Immediate *"*

How long *Four Months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

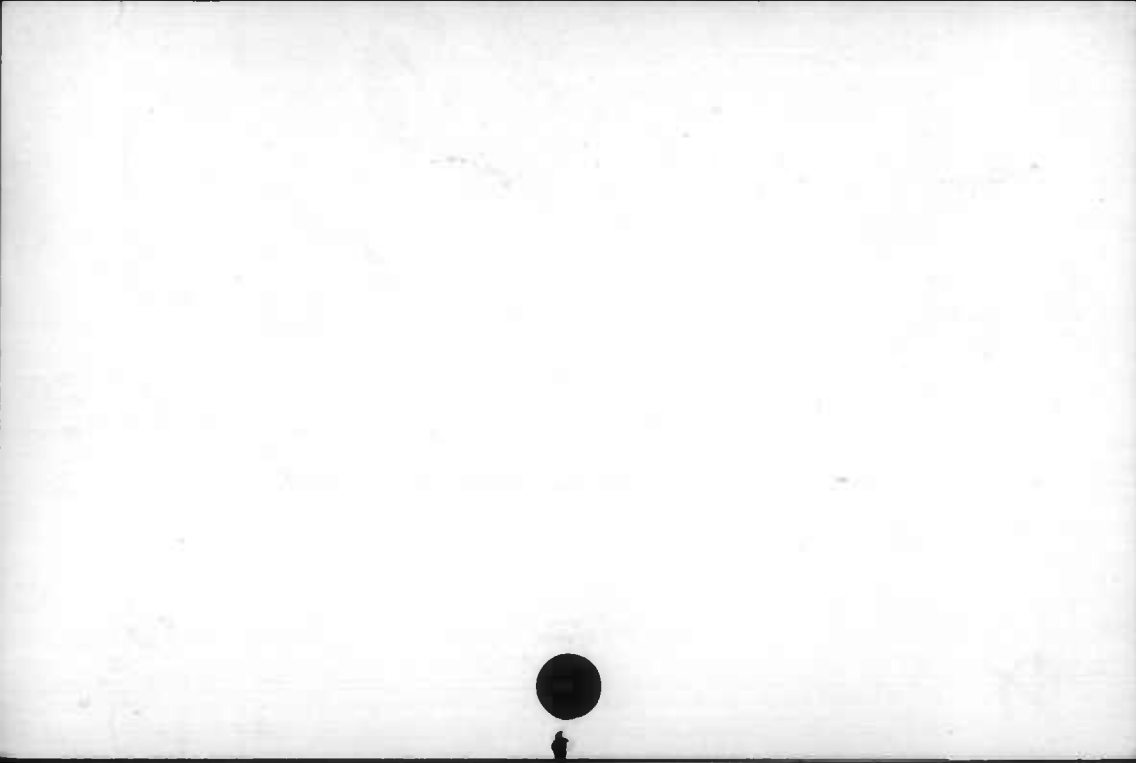
Signature of Physician *Joe. Protzman M.D.*

Address *Smithsburg Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Effie M. Hammond*
Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death *1960* Month *1* Day *19* Age *39* Years Months *9* Days *28*
Sex *Female* Color or Race *White* Birth-place *Md.*
Occupation *Domestic* Where Residing if not at place of death
Married, Single, or Widowed Name of Wife or Husband *Chas. Hammond*
Father's Name *Daniel Bowers* Father's Birthplace *Md.*
Mother's Maiden Name *Susan Taylor* Mother's Birthplace *Md.*
Name of person giving Information *Chas. Hammond* How related to deceased *Husband*

CAUSES OF DEATH

132

Primary *Chronic Salpingitis*
Immediate *Heart Failure*

How long *13 yrs*

How long *Sudden*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. Pitsenogle
Hagerstown Md

Accident or Suicide

Rose Hill.

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ms Catharine Hartman

Died at ^{Town} Smithsburg ^{County} Washington MARYLAND

Date of death ^{Month} 12/10 ^{Day} 23 ^{Age} 88 ^{Months} 11 ^{Days} 1

Sex Woman Color or Race White Birthplace Adams Co., Pa.

Occupation Housewife Where Residing if not at place of death New Oxford Pa.

Married, Single or Widowed Widowed Name of Wife or Husband Jacob Hartman

Father's Name Unknown Father's Birthplace Unknown

Mother's Melden Nama Unknown Mother's Birthplace Unknown

Name of person giving Information Ferdinand Blesse How related to deceased No relation

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Acute Pleuresy How long one week

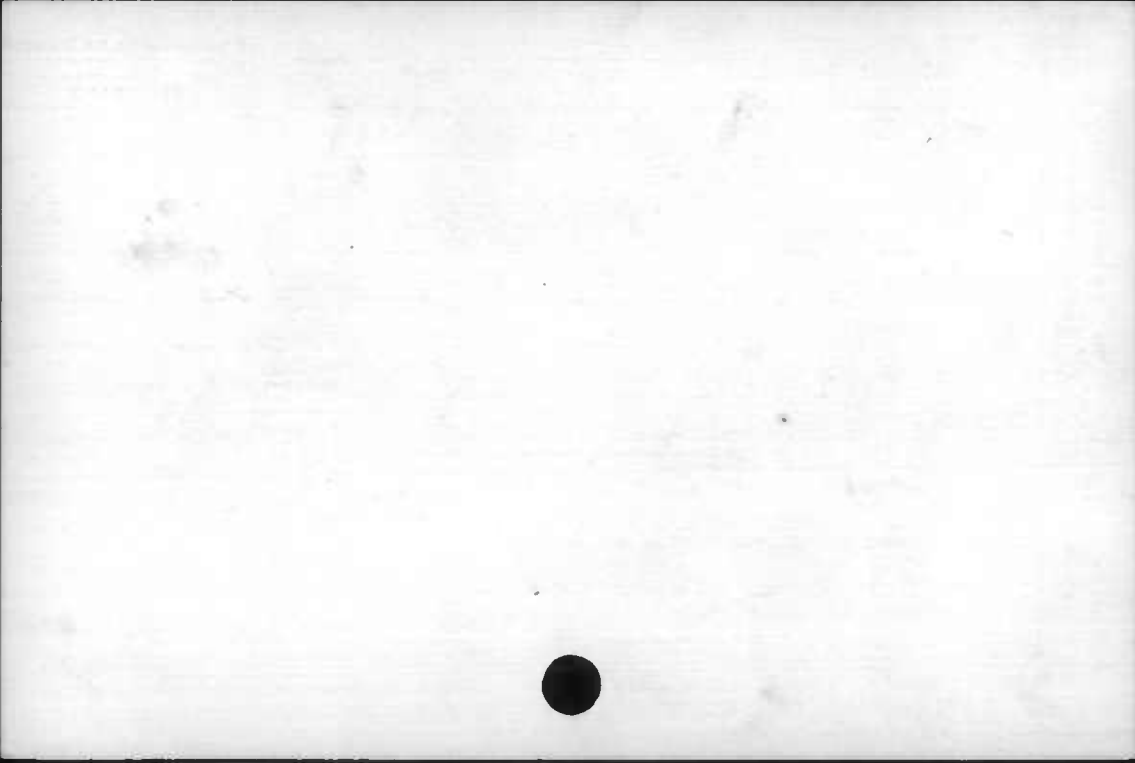
Immediate Acute Pleuresy How long one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. J. H. Kefauver

Address Smithsburg Maryland

Accident or Suicide



Name
in
Full

Theodore Hawthorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} **MARYLAND**

Date of death 1900 ^{Month} 1 ^{Day} 27 ^{Years} 38 ^{Months} 3 ^{Days} 26

Sex male Color or Race white Birth-place Md.

Occupation Butcher Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Florence Hawthorn

Father's Name Theodore Hawthorn Father's Birthplace Md.

Mother's Maiden Name Sarah Delanaham Mother's Birthplace Va.

Name of person giving Information Clara Hawthorn How related to deceased sister

CAUSES OF DEATH

Primary Chronic Alcoholism How long Five yrs

Immediate Convulsion How long Immediately

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. E. Pitman M.D.

Address Hagerstown Md

Accident or Suicide

PHYSICIAN
OR CORONER

E. M. Senter & Son

Name
in
Full

Albert Neil Sr.
Hagerstown

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

of death

1900

1

20

80

8

5

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

widower

Name of Wife or
Husband

Caroline Neil

Father's
Name

Not Known

Father's
Birthplace

Germany

Mother's
Maiden Name

" "

Mother's
Birthplace

"

Name of person giving
Information

Mrs Chas Rauter

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Senility

How long

4 years

Immediate

Mitral Regeneration

How long

2 mo.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. M. Kibler

Address

Hagerstown Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

E. M. Suter and Son

Name
in
Full

CERTIFICATE OF DEATH

Ralph W. Hemphill
Town

County

MARYLAND

Died at Downsville

Date

of death 1900

Month

Jan

Day

5

Age

Years

7

Months

10

Days

18

Sex

Male

Color or
Rece

White

Birth-
place

Downsville md

Occupation

Where Residing if not
et place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Hemphill

Father's
Birthplace

Downsville md

Mother's
Maiden Name

Sarah Shipley

Mother's
Birthplace

Downsville md

Name of person giving
Information

John Hemphill

How related
to deceased

Father

CAUSES OF DEATH

Primary

Child drank contents of put bottle
Acute Alcoholism

How long

16 hours

Immediate

Convulsions

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr Ernest H. Gaylor

Address

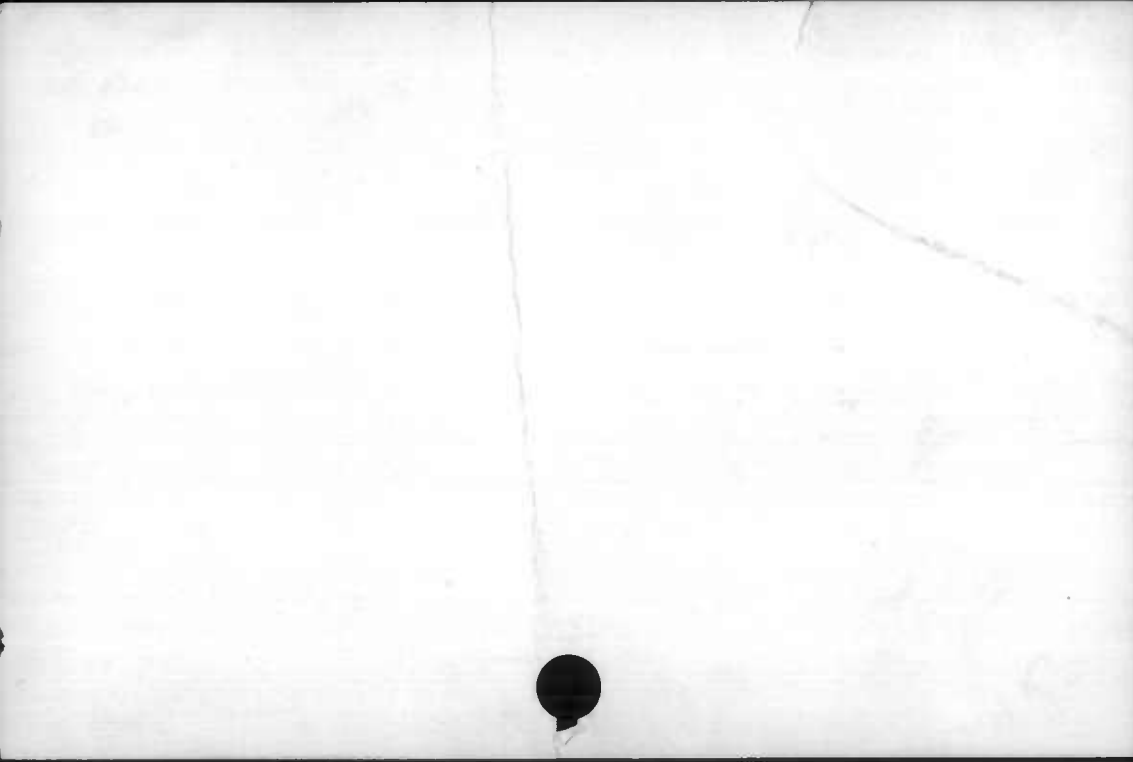
Wm Spout md

Accident or Suicide

Pr J. F.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clear Spring Dist</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1968</i>	Month <i>Jan</i>	Day <i>11</i>	Age <i>Years</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>David Hose</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Jane Ruback</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>David Hose</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still birth</i>	How long
Immediate	<i>Still birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Abraham Shank</i>	
	Address <i>Clear Spring Washington County</i>	
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Helen M Kreps* Town *Hagerstown* County *Wash*
Died at *Hagerstown* MARYLAND
Date of death 19*40* Month *1* Day *19* Age *65* Years Months *2* Days *13*
Sex *female* Color or Race *white* Birth-place *md.*
Occupation *N. W.* Where Residing if not at place of death _____

Married, Single or Widowed *married* Name of ~~Wife~~ Husband *Benj. F. Kreps*
Father's Name *James H. Kern* Father's Birthplace *md.*
Mother's Maiden Name *Mary A. Dobler* Mother's Birthplace *md.*
Name of person giving Information *B. F. Kreps* How related to deceased *husband.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Endo Carditis* How long *several yrs.*
Immediate *...* How long *several*
Are the name, age, sex, color, date and place correctly given above? *yrs*
Signature of Physician *Victor Mueller* Address *Frederick md*
Accident or Suicide *8*

L. M. Senter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Melara J Luft*
Town *Hagerstown* County *Wash.*
Died at
Date of death 19*00* Month *1* Day *27* Age *86* Years Months Days
Sex *female* Color or Race *white* Birth-place *Germany*
Occupation *H. W.* Where Residing if not at place of death
Married, Single or Widowed *widow* Name of ~~Wife~~ Husband *John Luft.*
Father's Name *Not Known* Father's Birthplace
Mother's Maiden Name *Not Known* Mother's Birthplace
Name of person giving Information *Mrs Wm Renner* How related to deceased *Daughter.*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Feeble heart* How long *Five days*
Immediate *Gangrene of right foot extending up the leg* How long *Five days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas D. Roach M.D.*
Address
Accident or Suicide

L. M. Suter and Son

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah E. Lynch.

Town

County

MARYLAND

Died at

Boswell

Washington

Date

of death

1900

Month

Jan.

Day

12

Age

Years

61

Months

10

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Thomas E. Lynch.

Father's
Name

David Brish

Father's
Birthplace

Maryland

Mother's
Maiden Name

Susan Betheunes

Mother's
Birthplace

Maryland

Name of person giving
Information

Florence Bryan

How related
to deceased

Daughter

CAUSES OF DEATH

42

Primary

Uterine Cancer

How long

3 years.

Immediate

General Debility, Exhaustion

How long

1 year.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Hubert, M.D., M.C.,
Boswell, Ind.

Accident or Suicide

no.

PHYSICIAN
OR CORONER

Brining & Best
Meditations.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Howard. J. M. Carty</i>		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hancock</i>		Month <i>Jan.</i>		Day <i>23.</i>		Years <i>34</i>	
Date of death <i>1900</i>		Month <i>Jan.</i>		Day <i>23.</i>		Age <i>34</i>	
Sex <i>Male.</i>		Color or Race <i>White.</i>		Birth-place <i>Wash Co Md</i>		Months <i>5</i>	
Occupation <i>Laborer.</i>		Where Residing if not at place of death <i>Died at home.</i>		Days <i>18.</i>			
Married, Single or Widowed <i>Married.</i>		Name of Wife or Husband <i>Mollie Shivers.</i>		Father's Birthplace <i>Wash Co Md</i>		Mother's Birthplace <i>Wash Co Md</i>	
Father's Name <i>John. R. M. Carty.</i>		Mother's Maiden Name <i>Ellen Hull</i>		How related to deceased <i>Wife.</i>			
Name of person giving information <i>Mollie Shivers.</i>							

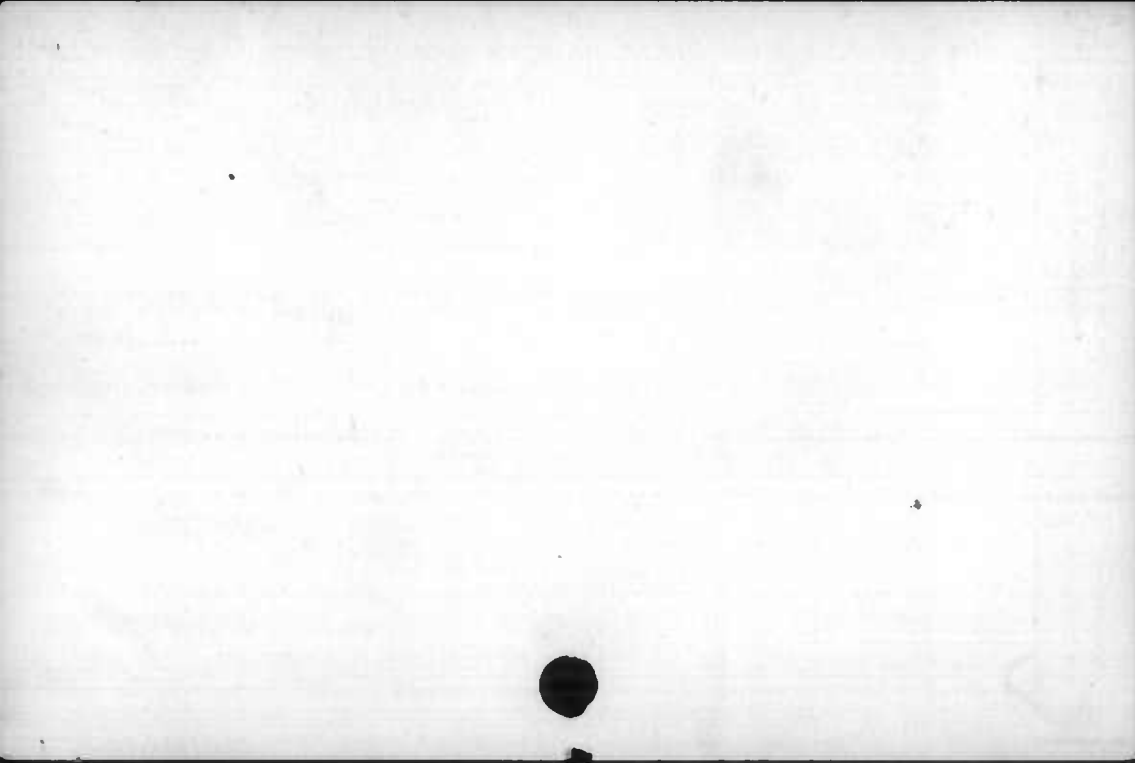
Dr. Lathier.

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonis</i>	How long <i>about 1 yr.</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Lathier</i>
	Address <i>Hancock, Md.</i>
Accident or Suicide?	



Name
in
Full

Amelia A M'Donald
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Washington

Date of death 1900 1 22 Age 78 Months 9 Days 27

Sex Female Color or Race White Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband James E M'Donald

Father's Name Henry Gyer Father's Birthplace Md

Mother's Maiden Name Rebecca Brown Mother's Birthplace Md

Name of person giving Information Mary L. Turner How related to deceased Daughter

CAUSES OF DEATH

Primary General debility How long 1 yr

Immediate Epilepsy How long 2 mo

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. A. Wankam

Address 245 Mason Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Mary McLaughlin
Town Hagerstown County Wash.

MARYLAND

Died at Hagerstown

Date of death 1910. 1 14 Age 55

Months Days

Sex female Color or Race white Birth-place Md.

Occupation Lady of Leisure Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name James R. McLaughlin Father's Birthplace Md.

Mother's Maiden Name Mary Doyle Mother's Birthplace Md.

Name of person giving Information R. D. McLaughlin How related to deceased cousin

CAUSES OF DEATH

Primary Pneumonia Broncho How long 10 days

Immediate asphyxia - Toxicemia How long "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. Sullivan Address 269 Md.

PHYSICIAN
OR CORONER

Accident or Suicide no

E. M. Suter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Mc Intyre Mason

Town

County

Died at Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1980

January

13th

Age

74⁺

13.

Sex

Female

Color or
Race

White

Birth-
place

Lancaster Co Pa

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or WidowedName of
Husband~~Mary Mc Intyre Mason~~
Dr. A. S. MasonFather's
Name

Capt Wm A Elishaw

Father's
Birthplace

Trenton NJ

Mother's
Maiden Name

Mary Landon Carter

Mother's
Birthplace

Richmond Va

Name of person giving
Information

Dr. A. S. Mason

How related
to deceased

Husband

CAUSES OF DEATH

154

L

Primary

Gene Sickness

How long

4 days

Immediate

Heart Failure

How long

X

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. S. Mason
Hagerstown MdPHYSICIAN
OR CORONER

Accident or Suicide

J. M. Suter and son

Name
in
Full

Adam Jonas Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Boonsboro Town Washington County MARYLAND
 Date of death 1940 Jan 8th Age 69 Months Days
 Sex Male Color or Race White Birth-place Ind -
 Occupation Retired Farmer Where Residing if not at place of death Ind -
 Married, Single or Widowed Widower Name of Wife or Husband Elizabeth Miller
 Father's Name Martin Miller Father's Birthplace Virginia
 Mother's Maiden Name Susan Snook Mother's Birthplace Ind -
 Name of person giving Information Arthur Miller How related to deceased Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 5 days
 Immediate Oedema pulmonary How long 2 days
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. C. Wheeler
 Address Boonsboro Ind -
 Accidental or Suicide Ind -

Bringing to Bart

Under the

Name
in
Full

CERTIFICATE OF DEATH

Oliver S. Minner

Town

County

MARYLAND

Died at

Literburg

Shawington

Date

1910

Month

1

Day

5

Age

Years

74

Months

3

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Literburg Md.

Occupation

Farmer

Where Residing if not
at place of death

Literburg Md.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

None

Father's
Name

John Minner

Father's
Birthplace

Literburg

Mother's
Maiden Name

Phoebe Burkhardt

Mother's
Birthplace

Literburg

Name of person giving
Information

Freeland Anderson

How related
to deceased

None

CAUSES OF DEATH

120

Primary

Bright disease

How long

Three years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. H. Richard
Literburg
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tilghmanston</u> <u>Mash.</u>		County <u>Maryland</u>	
Date of death <u>1900</u>	Month <u>Jan</u>	Day <u>28</u>	Age <u>64</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Tilghmanston, Md</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____		
Father's Name <u>Samuel Moats</u>	Father's Birthplace <u>Tilghmanston, Md</u>		
Mother's Maiden Name <u>Helena Hammond</u>	Mother's Birthplace <u>Tilghmanston, Md</u>		
Name of person giving Information <u>Trisby T. Moats</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

Primary Cause <u>Cancer of oesophagus</u>	How long <u>8 mos.</u>
Immediate Cause <u>Exhaustion</u>	How long <u>?</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. M. Reichard</u>
<u>J</u>	Address <u>Fair Play.</u>

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mamie B. Mazingo* Town *Hagerstown* County *Washington*
Died at *Hagerstown* Maryland
Date of death *1900* Month *1* Day *19* Age *1* Years *10* Months *22* Days
Sex *Female* Color or Race *White* Birth-place *MD*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Silas H. Mazingo* Father's Birthplace *Va*
Mother's Maiden Name *Luvonia H. Coffman* Mother's Birthplace *Va*
Name of person giving Information *Silas H. Mazingo* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diphtheria* How long *10 days*
Immediate *Bacilli Enteritis* How long *.. ..*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *V. D. Miller, Jr.*
Address *Stag, Md.*
Accident or Suicide *no*

L. M. Watkins

Name
in
Full

Maggie Neady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greencastle</i> Town		<i>Franklin</i> County		<i>Poe</i> MARYLAND	
Date of death <i>1910</i>	Month <i>Jan</i>	Day <i>3</i>	Years <i>58</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-Place <i>Maryland</i>		
Occupation <i>Spinster Gentlewoman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Jacob Neady</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Melinda Gallagher</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Jerome Sturch</i>			How related to deceased <i>Brother-in-law</i>		

Died outside of State

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Palmer, M.D.</i>
	Address <i>Greencastle</i>
	<i>Franklin County Pa.</i>
Accident or Suicide?	

N. S. Detrich

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *W. M. Nichols*
Town *Security*

County *Washington*

State *MARYLAND*

Died at *Security*

Date of death *1910*

Month *1*

Day *29*

Age *45*

Years

Months

Days

Sex *male*

Color or Race *white*

Birth-place *Virginia*

Occupation *Engineer*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Joseph Nichols*

Father's Birthplace *Va.*

Mother's Maiden Name *Elij. Nichols*

Mother's Birthplace *Va*

Name of person giving Information *J. H. Dodson*

How related to deceased *nephew*

#75

CAUSES OF DEATH

Primary Cause *Stomach Poisoning*

How long *1164*

Immediate Cause *Toxemia*

How long *24 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. C. S. Loff*

Address *Hagerstown Md*

PHYSICIAN
OR CORNER

Accident or Suicide

E. M. Senter ^{3rd} Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Alice Lee Morris* County *Wash*
 Died at *Hagerstown* Town *MARYLAND*
 Date of death *1970* Month *1* Day *20* Age *36* Years *5* Months *7* Days
 Sex *female* Color or Race *white* Birth-place *MD.*
 Occupation *H. W.* Where Residing if not at place of death *_____*

Married, Single or Widowed *married* Name of ~~Wife~~ Husband *John A. Morris*
 Father's Name *Charles E. Creswell* Father's Birthplace *MD.*
 Mother's Maiden Name *Laura V. Granger* Mother's Birthplace *MD.*
 Name of person giving Information *John A. Morris* How related to deceased *husband*
 CAUSES OF DEATH 99 *V*

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* How long *7 days*
 Immediate *Cardiac Failure* How long *12 hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. H. Hinesley*
 Address *Hagerstown, Md.*
 Accident or Suicide *2*

C. M. Suter ^{the} son

Name

in
Full

William A Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

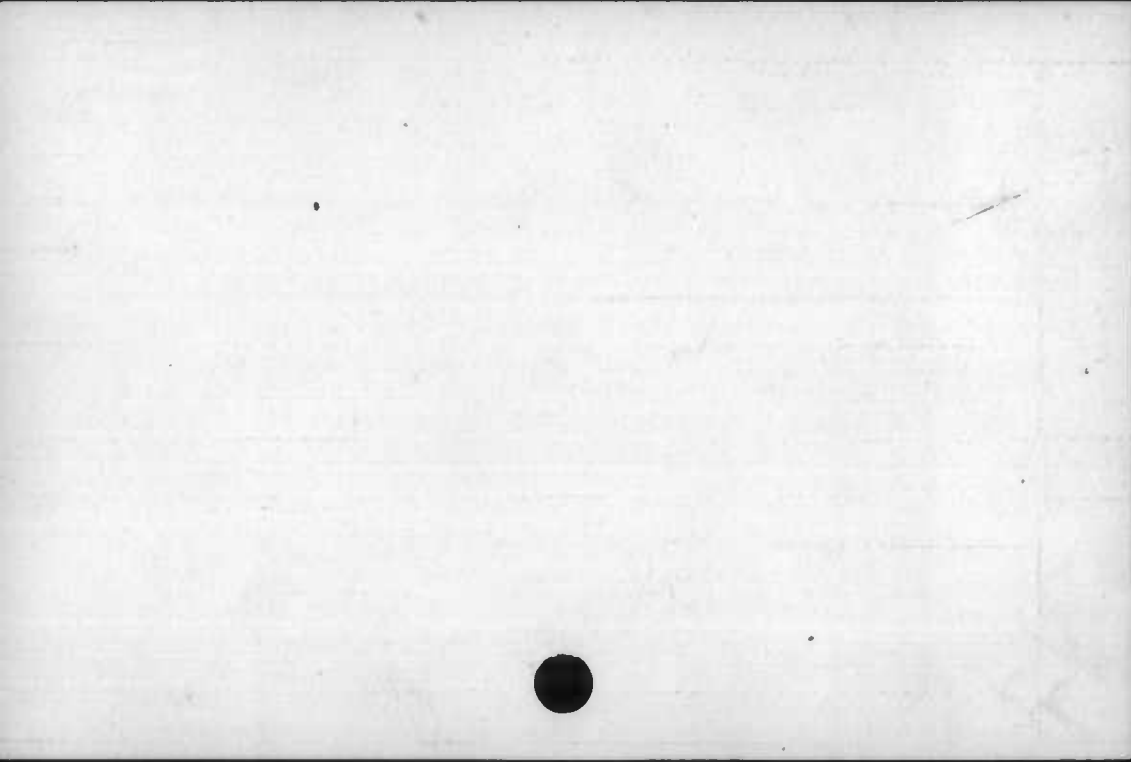
Died at <i>Keef</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>Jan.</i>	Day	<i>23</i>
Age	<i>52</i>	Years		Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Washington Co Md</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Myrtle Rowe</i>		
Father's Name	<i>John A Norris</i>		Father's Birthplace	<i>Wash. Co Md</i>	
Mother's Maiden Name	<i>Elizabeth Grove</i>		Mother's Birthplace	<i>Wash Co Md</i>	
Name of person giving information	<i>Myrtle Rowe</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Interstitial Hepatitis</i>	How long	<i>Two years</i>
Immediate	<i>Acidemia, Uraemia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A L Blessing</i>
		Address	<i>Brunsville</i>
Accident or Suicide?	<i>N</i>		<i>Mealy Land</i>



Name
in
Full

Warren Pendleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keop Tryst</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1960</i> ^{Month} <i>1</i> ^{Day} <i>26</i> ^{Years} <i>87</i>		<i>—</i> ^{Months}		<i>—</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>M.d</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Sarah Pendleton</i>				
Father's Name <i>John Pendleton</i>	Father's Birthplace <i>M.d</i>				
Mother's Maiden Name <i>Matilda Edmery</i>	Mother's Birthplace <i>M.d</i>				
Name of person giving Information <i>Ernie L Beaver</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of age</i>	How long <i>Years</i>
Immediate <i>—</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. T. Yountee
Brownsville
*Maryland*Accident or Suicide *—*



Name
in
Full

Laura Etta Poffenberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		July	22	31		4	9
Sex	Female		Color or Race	White		Birth-place	Williamsport Md
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	William E. Poffenberger			
Father's Name	John Callan			Father's Birthplace	Dancauman Pa		
Mother's Maiden Name	Margaret Jackson			Mother's Birthplace	Chambersburg Pa		
Name of person giving Information	Margaret Jackson			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lung disease	How long	Two years
Immediate	Prostration	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. D. Richards
yes -		Address	Williamsport
Accident or Suicide		No.	

J. F. Kups

~~Maclaker~~

entered in Riverview Cemetery

Jan 24th 1910

Name In Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Boonsboro		Washington		MARYLAND							
		Date of death		1900	Month	Jan	Day	4	Age	Years	72	Months	1	Days	29
		Sex		Female		Color or Race		White		Birth-place		Maryland			
		Occupation		House - wife		Where Residing if not at place of death									
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Andrew Poffenberger							
		Father's Name		Samuel D. Riddleman					Father's Birthplace		Maryland				
		Mother's Maiden Name		Elizabeth Magnyder					Mother's Birthplace		Maryland				
		Name of person giving information		Mrs. Chas. Bakers					How related to deceased		Sister				
CAUSES OF DEATH															
PHYSICIAN OR CORONER		Primary		Double Pneumonia					How long		5 days				
		Immediate		Syncope, Heart Failure					How long		Sudden.				
		Are the name, age, sex, color, date and place correctly given above		yes					Signature of Physician		Robert Wade, M. D.				
									Address		Boonsboro. Md.				
		Accident or Suicide?		No.											

Brining & Post
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Henry Reed

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date

of death 1978

Month

Jan.

Day

5th

Age

Years

62

Months

3

Days

-

Sex

male

Color or
Race

Colored

Birth-
place

Clarke Co. Va

Occupation

laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Caroline Reed

Father's
Name

Walter Reed

Father's
Birthplace

Clarke Co Va

Mother's
Maiden Name

Ellen Anderson

Mother's
Birthplace

Clarke Co Va

Name of person giving
Information

Leona Reed

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Tuberculosis

How long

One year

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. H. Haskins M.D.

Address

Hagerstown Md

Accident or Suicide

no

PHYSICIAN
OR CORONER

Half Way Cemetery
Sunt. E. Ford.

Sam'l. E. Ford

Name
in
Full

Wallace Cleveland Reel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Frederick</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1960</i>	Month	<i>Jan.</i>	Day	<i>26</i>
Age		<i>45</i>	Years	Months	<i>11</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birthplace
Occupation		<i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Married</i>	Name of Wife or Husband		
Father's Name		<i>W. S. Reel</i>	Father's Birthplace		
Mother's Maiden Name		<i>Fannie Bryan</i>	Mother's Birthplace		
Name of person giving information		<i>Fannie Bryan</i>	How related to deceased		
		<i>mother</i>			

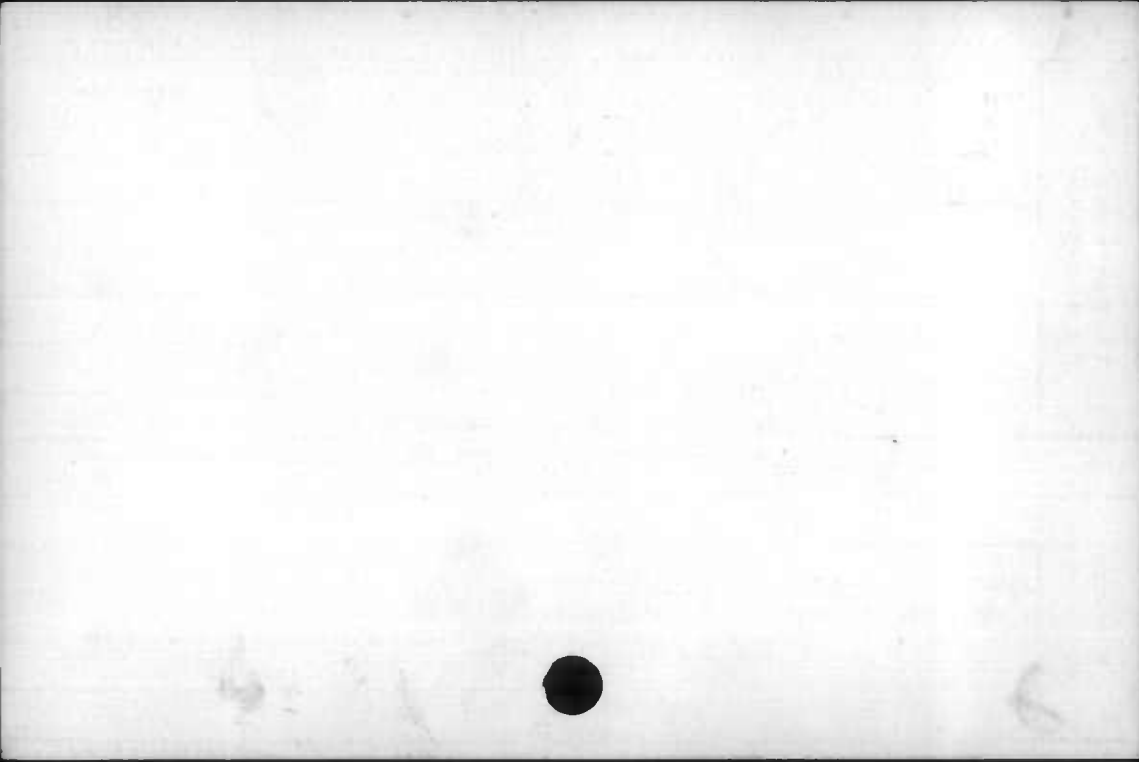
Stigma

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John - Frederick ~~Wagenberger~~ Rosenberger*

Died at *Beaver Creek Dist* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *1* ^{Day} *23* ^{Years} *Age* ^{Months} *7* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *George Rosenberger* Father's Birthplace *Ohio*

Mother's Maiden Name *Alice J. Jacobs* Mother's Birthplace *Md*

Name of person giving information *George Rosenberger* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Spinal Meningitis* ^{How long} *3 days*

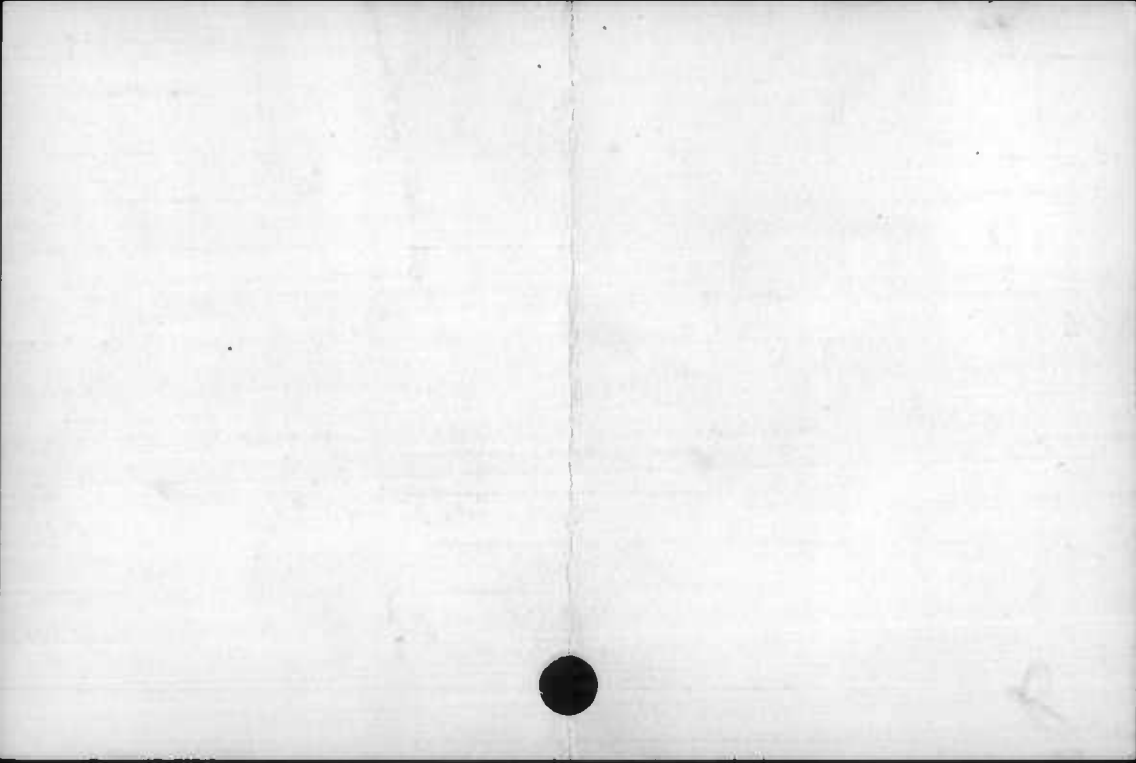
Immediate *Hypertension et. Respiratory failure* ^{How long} *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. H. Quinn M.D.*

Address *Chesapeake*
Wash. C. Md.

Accident or Suicide? *8*



Name
in
Full

Richard C. Scott Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Blue Ridge Summit* *Huntington* **MARYLAND**

Date of death 190 *10* *July* *26* Age *34* Months *6* Days *1*

Sex *M* Color or Race *W* Birth-place *Virginia*

Occupation *Clerk* Where Residing if not at place of death *—*

Married, Single or Widowed *M* Name of Wife or Husband *Mrs R.C. Scott Jr.*

Father's Name *Richard C. Scott* Father's Birthplace *Virginia*

Mother's Maiden Name *Elizabeth Scott* Mother's Birthplace *Virginia*

Name of person giving Information *Mrs R.C. Scott* How related to deceased *Wife*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Carcinoma and Pulmonary Tuberculosis* How long *2 yrs.*

Immediate *Obstruction of lungs* How long *2 wks.*

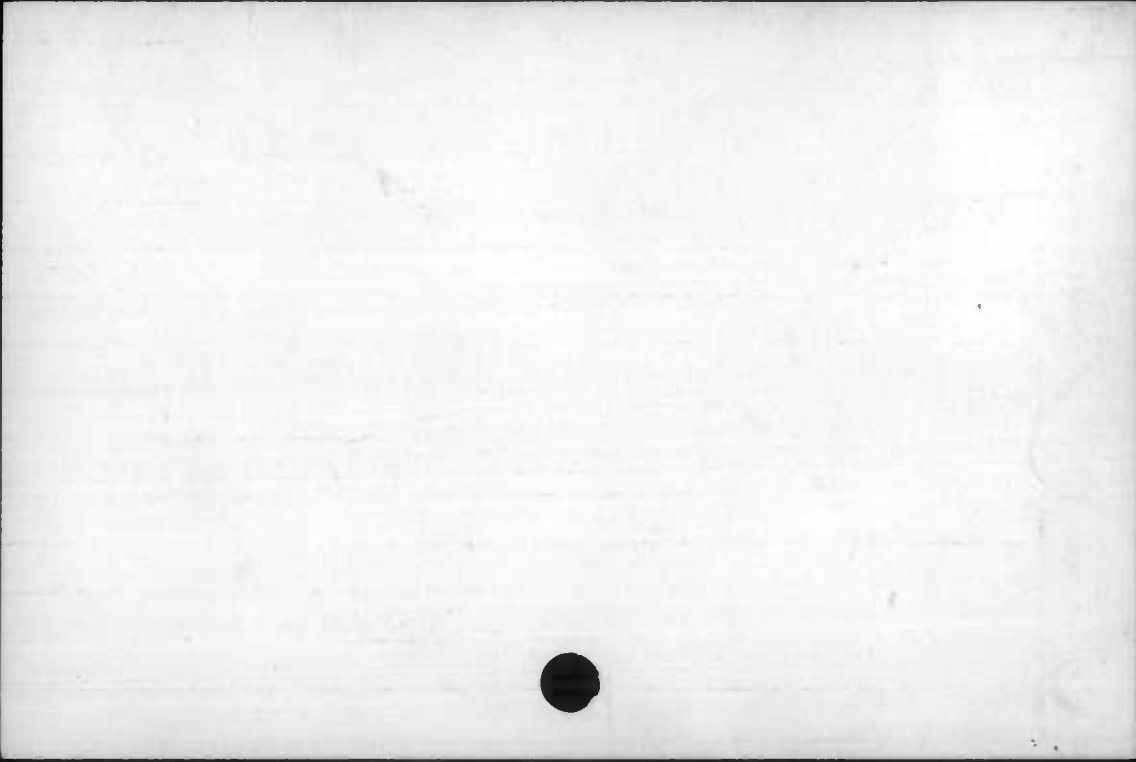
Are the name, age, sex, color, date and place correctly given above? *(over)*

Signature of Physician *Wm. J. Cullen* Address *1111 S. Jackson St. Maryland*

Accident or Suicide *J*

Primary carcinoma of penis 2 years
ago. Operated upon by Dr. W. W. Young.
Metastasis in right chest (Bronchial
glands).

Name in Full		Mary Lavinia Cooper Shank				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Smithsburg ^{Town}		Washington ^{County}		MARYLAND	
	Date of death		1900	Month	January	Day	17	
			Age		65	Years	8	
					Months	11		
	Sex		Female		Color or Race	White		
	Occupation		Housekeeper		Birth-place	Beverly		
	Where Residing if not at place of death		Smithsburg					
	Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		John Paul Shank				Father's Birthplace	Smithsburg	
Mother's Maiden Name		Sarah Ann Adams				Mother's Birthplace	Fredrick	
Name of person giving information		Eleanora J. Shank				How related to deceased	Sister	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Same as above				How long	Several weeks
	Immediate		Pneumonia				How long	Six days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Joseph Prothman	
					Address		Smithsburg	
							M.D.	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

Name *Ethel Sheffler*

Town *Ringold* County *Washington*

Died at *Ringold* Month *Jan* Day *5* Year *1902* Age *3* Months *3* Days *hours*

Date of death *1902 Jan 5*

Sex *Female* Color or Race *White* Birth place *Ringold.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband *Jacob Sheffler*

Father's Name *Jacob Sheffler* Father's Birthplace *Pa*

Mother's Maiden Name *Daisy Zentgraf* Mother's Birthplace *Pa*

Name of person giving Information *Jacob Sheffler* How related to deceased *Father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

151

2

Primary *Birth* How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

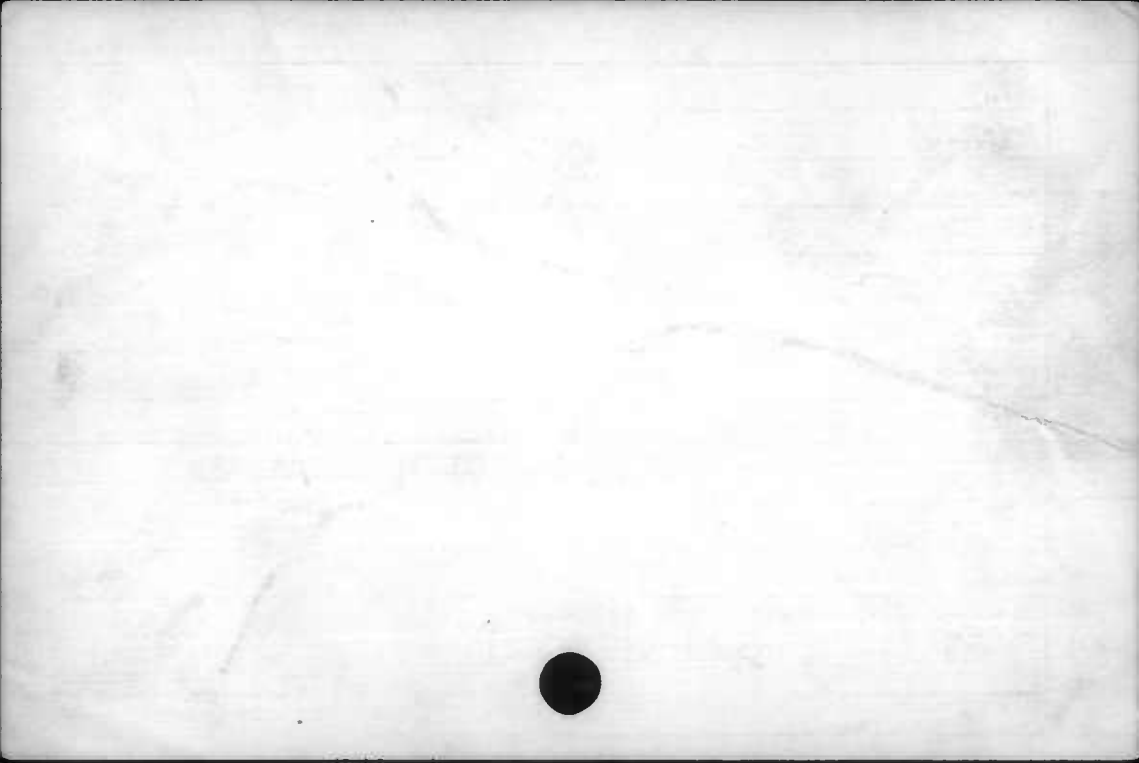
Signature of Physician

Address

P.D. Hoover
Hayesboro,
Pa.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Lucius Lathame Shenebeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsport</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 19 <u>00</u> ^{Month} <u>12</u> ^{Day} <u>5</u>		Age <u>69</u> ^{Years}		<u>10</u> ^{Months} <u>19</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Hagerstown Md</u>	
Occupation <u>Insurance</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>Frederick Shenebeck</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Maria Storer</u>		Mother's Birthplace <u>Fredrick City</u>			
Name of person giving Information <u>Sarah J. Knible</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic Interstitial Nephritis</u>	How long <u>2 years</u>
Immediate <u>uraemia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ernest N. Gansley</u>
	Address <u>Williamsport</u>
Accident or Suicide <u>_____</u>	

Jan. 8th 1910

J F Kufs

(overseer Cemetery)

Name
in
Full

Warner Slacker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock		County Washington		MARYLAND	
Date of death		Month Jan	Day 2	Age Years 32	Months 3	Days 16	
Sex Male		Color or Race White		Birth- place Fulton Co Pa.			
Occupation Tinner		Where Residing if not at place of death Died at home.					
Married, Single or Widowed Married		Name of Wife or Husband Susie M Caruthers.					
Father's Name Stephen Slacker.				Father's Birthplace Clinton Co Penn			
Mother's Maiden Name Amanda Bishop				Mother's Birthplace Fulton Co Pa.			
Name of person giving in formation Fannie Slacker.				How related to deceased Sister.			

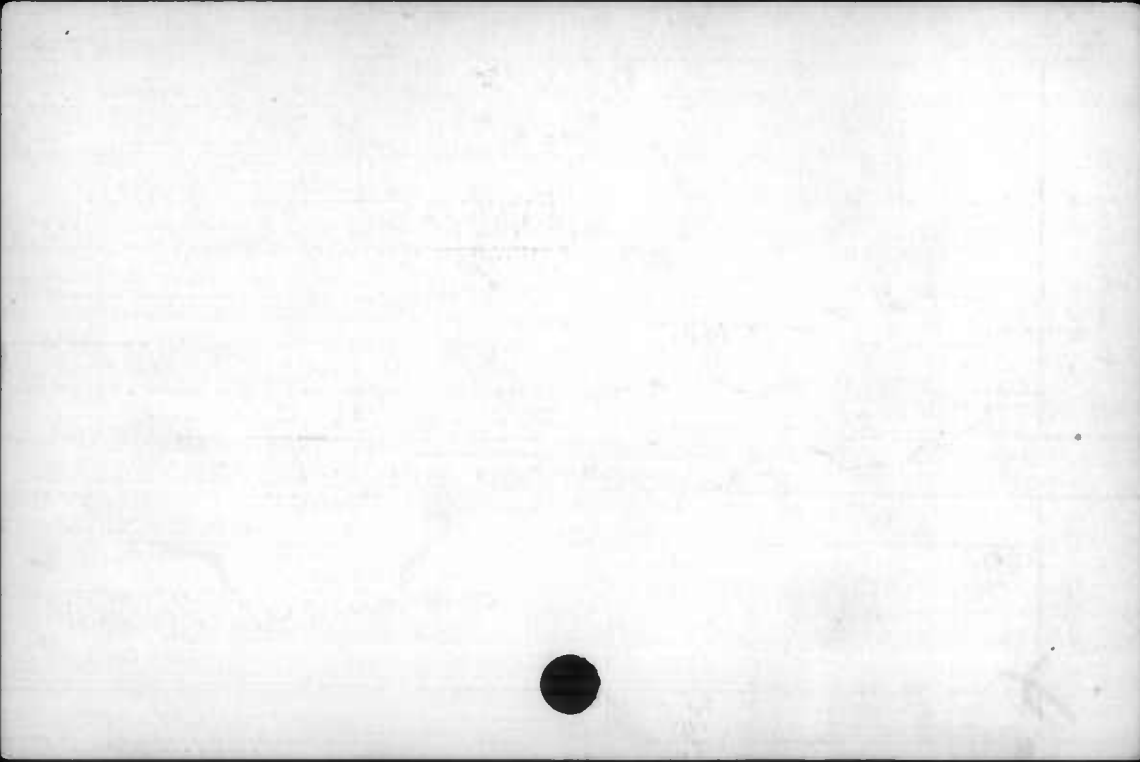
Dr. West.

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Unknown
Immediate	Cerebral	How long	Indefinite
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. West	
No		Address Hancock Md	
Accident or Suicide?			



Name
in
Full

Andrew K Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND



Died at <u>Bravo</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1908	Month	1	Day	29
Age	76	Years	4	Months	9
Sex	Male	Color or Race	White	Birth-place	Rohrersville
Occupation	Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A Smith		
Father's Name	Tom Smith	Father's Birthplace	Rohrersville		
Mother's Maiden Name	Nancy Huffer	Mother's Birthplace	Rohrersville		
Name of person giving Information	Wm Smith	How related to deceased	Son		

CAUSES OF DEATH

40

✓

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	1 year
Immediate	Cardiac Asthenia	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Richard H. Rice M.D.
		Address	Needy'sville Md
		Accident or Suicide	

L E Durin an Lon

L E Finner Son

Name
in
Full

Peter. A. Snider

CERTIFICATE OF DEATH

West. Va.
MARYLANDTO BE ANSWERED BY
NEAREST FRIEND

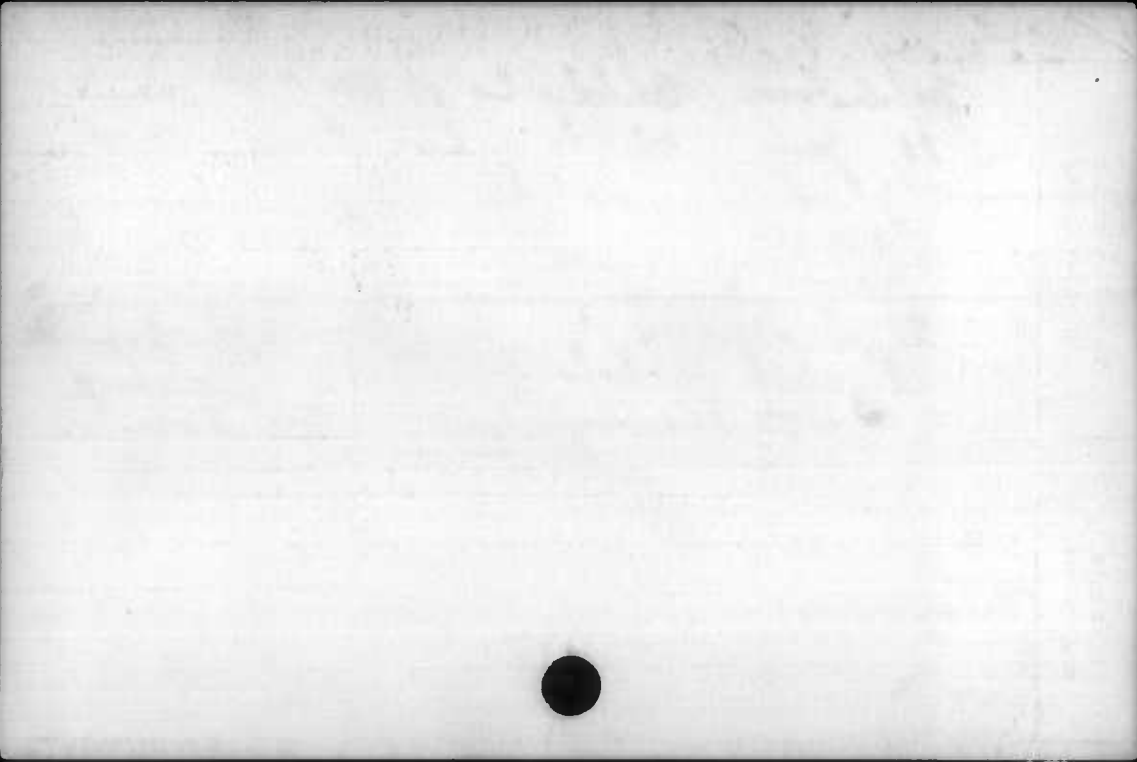
Near. <i>Brosius</i> Town		<i>Morgan</i> County			
Died at					
Date of death	<i>1960</i> Jan. <i>3</i> Day	Age <i>62</i> Years	<i>9</i> Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wash Co Md.</i>			
Occupation <i>Farmer.</i>	Where Residing if not at place of death		<i>Died at Home.</i>		
Married, Single or Widowed <i>Married.</i>	Name of Wife or Husband <i>Berretta Allison.</i>				
Father's Name <i>Jacob Snider</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Margaret Neull</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Nellis Snider.</i>	How related to deceased <i>Daughter</i>				

Dr. West.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prostatitis</i>	How long <i>Indefinite</i>
Immediate <i>Cystitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. West</i>
	Address <i>Hancock</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name
in
Full

Susan S Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eakles Mills</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 19 <u>90</u> ^{Month} <u>1</u> ^{Day} <u>02</u> ^{Years} <u>62</u> ^{Months} <u>9</u> ^{Days} <u>1</u>		Age			
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Eakles Mills</u>			
Occupation <u>None</u>	Where Residing if not at place of death _____				
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name <u>Ezra J Snyder</u>		Father's Birthplace <u>Eakles Mills</u>			
Mother's Maiden Name <u>Sarah Starks</u>		Mother's Birthplace <u>Sharpsburg</u>			
Name of person giving information <u>Alison S Snyder</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Intestinal Obstruction</u>	How long <u>8 days</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>10 hours</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Richard H Rice M.D
Keedyville
Md

Address

Accident or Suicide

L E Luman & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ollie Stachewicz

Town

County

Died at

Security

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1900 Jan.

31

Age

no record

Sex

Male

Color or
Race

Pole

Birth-
place

Unknown

Occupation

laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Unknown

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

C. M. Goodman
Hagerstown, Md

How related
to deceased

not related

CAUSES OF DEATH

Primary

Accident

How long

immediate

Immediate

Skull crushed

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Elias B. Hartle
acting coroner

Address

Hagerstown Md

Accident or Suicide

Accident

PHYSICIAN
OR CORONER

[Signature]

Opperman
Ross Hill

Mr. Opperman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles E Stames*

Town *Hagerstown* County *Washington*

Died at *Hagerstown Washington*

State *Md*

Date of death 19*00* Month *1* Day *21* Age *—* Years *1* Months *21* Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Charles E Stames* Father's Birthplace *Pu*

Mother's Maiden Name *Bessie D Rohrer* Mother's Birthplace *Md*

Name of person giving Information *Charles Stames* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Congenital Heart Disease -*

Immediate *asphyxia*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Walter H. Miller, Jr.*

Address *Hager, Md.*

Accident or Suicide *no -*

How long *7 weeks*

How long *"*

To Mr. Miller

Copper Hill

Nov. 1894

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

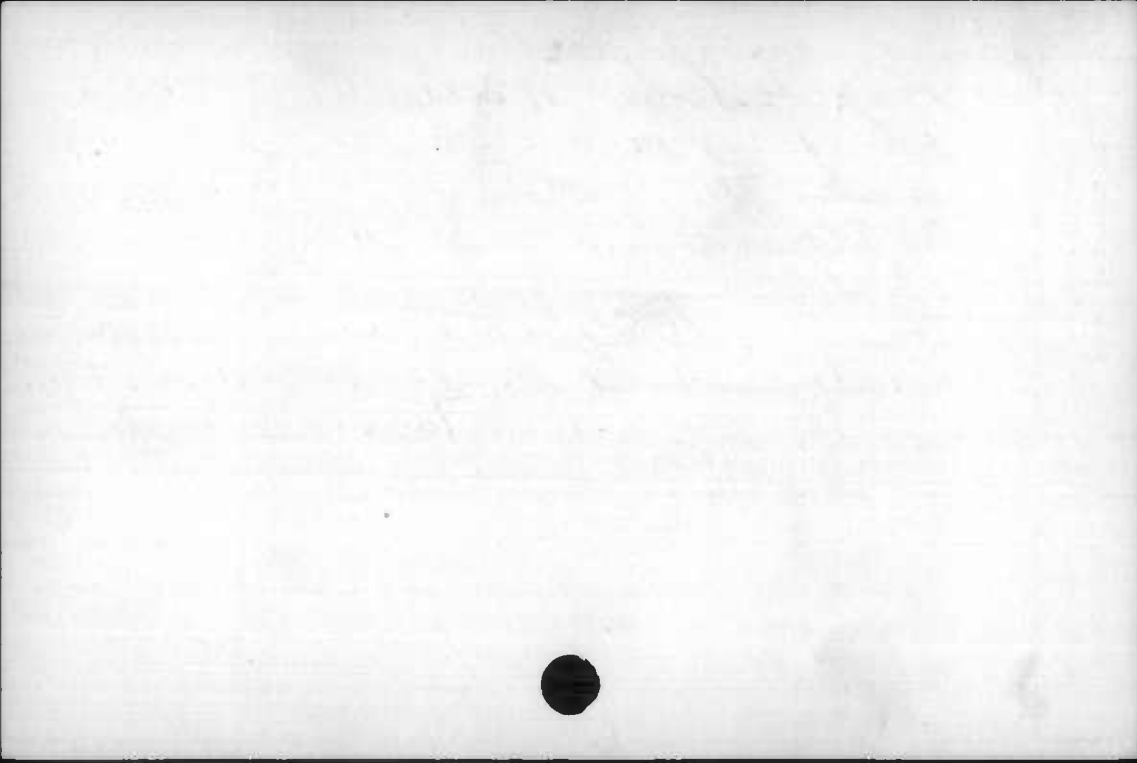
Died at		Town		County		MARYLAND	
Date of death	1900	Month	1	Day	12-4	Age	2
Sex	Female	Color or Race	White	Birth-place	Thurkston	Months	3
Occupation	No			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harvey O. Stocklagen		Father's Birthplace		Thurkston	
Mother's Maiden Name		Nettie All Bowers		Mother's Birthplace		Thurkston	
Name of person giving information		Harvey Stocklagen		How related to deceased		Father Pa	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart trouble	How long	4 1/2 hrs
Immediate	Acute degenerative	How long	1 1/2 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		Thurkston	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Stonelaker* Town *Hagerstown* County *Wash.*
Died at
Date of death *1980* Month *8* Day *8* Age *81* Years *3* Months *11* Days
Sex *male* Color or Race *white* Birth-place *Md.*
Occupation *Paper Manufacturer* Where Residing if not at place of death
Married, Single or Widowed *widower* Name of Wife or Husband *Laura L. Stonelaker*
Father's Name *Leopold Stonelaker* Father's Birthplace *Md.*
Mother's Maiden Name *Catherine Schepder* Mother's Birthplace *"*
Name of person giving Information *J. Ellsworth Stonelaker son* How related

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary *Hypertrophy of Prostate* How long *Several years*
Immediate *Uraemic Intoxication* How long *Several hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. P. Scott*
Address *Hagerstown*
Accident or Suicide *J*

E. M. Senter and Son

Name
in Full

John Milton Stotter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Boonsboro		County Washington		MARYLAND			
Date of death		1960	Month Jan	Day 26	Age	55	Years 2	Months 18	Days
Sex		Male		Color or Race		White		Birth-place Maryland	
Occupation		Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E Stotter			
Father's Name		Jacob Stotter				Father's Birthplace		Maryland	
Mother's Maiden Name		Susan Rohrer				Mother's Birthplace		Maryland	
Name of person giving Information		Mary E Stotter				How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abscess	How long	170 10 days
Immediate	Septicemia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician E. J. Smith
		Address	Boonsboro Md
Accident or Suicide			

Brimm & Bast
undertakers

Name
in
Full

Elizabeth Stride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1900		1		29		76	
Sex		Color or Race		Birth-place			
Female		White		Sharpsburg			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed				Name of Wife or Husband			
				Rufus Stride			
Father's Name				Father's Birthplace			
Jacob Sommer				Ind Co			
Mother's Maiden Name				Mother's Birthplace			
Rachel Shaw				Don't Know			
Name of person giving Information				How related to deceased			
B F Stride				Son			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary		How long	
Grippe		Three wks.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. M. Gurnott	
		Address	
		Sharpsburg, Ind.	
Accident or Suicide			

L E Duman & Son

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Name *Martin Luther Stroock*
Town *Smithsburg* County *Wash.*

Died *near Smithsburg Wash.*
Date of death *1960* Month *1* Day *12* Age *5-2* Months *3* Days *23*

Sex *male* Color or Race *white* Birth-place *Ind.*
Occupation *Farmer*

Where Residing if not
at place of death

Married, Single or Widowed *married* Name of Wife or *Emma J. Hosong Stroock*

Father's Name *William Stroock* Father's Birthplace *Ind.*

Mother's Maiden Name *Alethea Hildebrand* Mother's Birthplace *Ind.*

Name of person giving Information *W. M. Stroock* How related to deceased *brother*

CAUSES OF DEATH

Primary *Pyloric Carcinoma* How long *2 yrs.*

Immediate *Exhaustion* How long *1 week.*

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

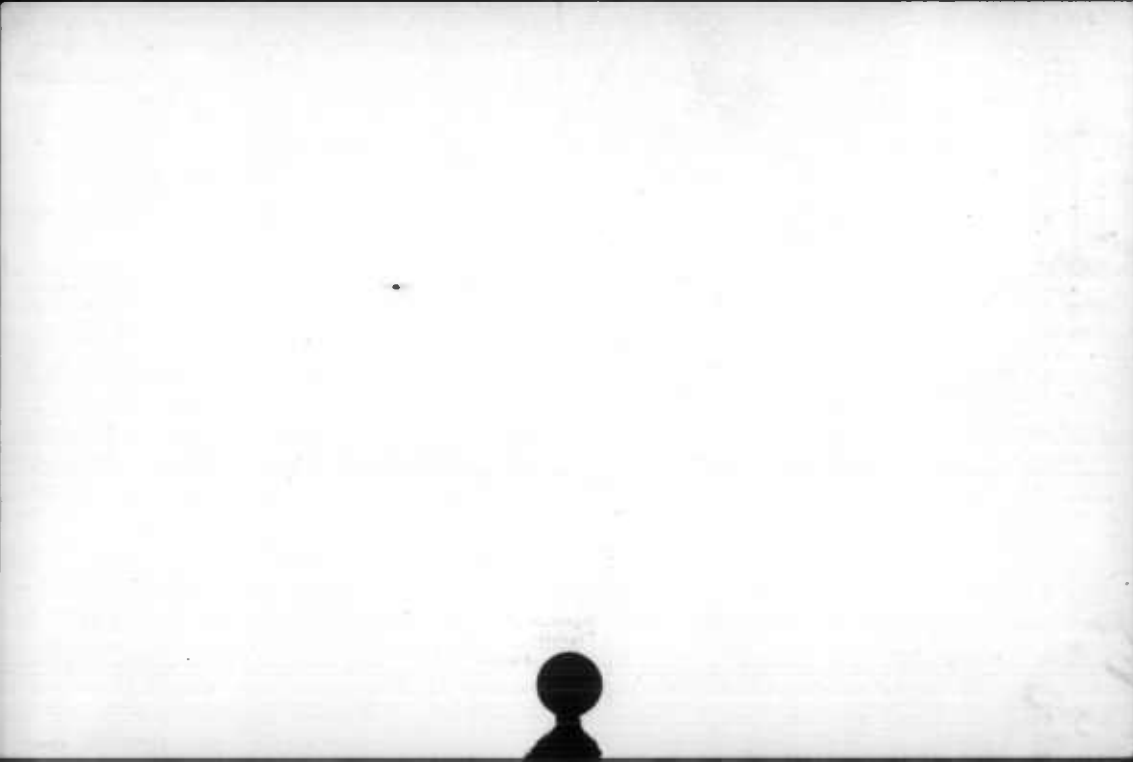
*Wm. Preston Miller,
Hagerstown,
Ind.*

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Catherine Summers

Died at Salem ^{Town} Washington ^{County} MARYLAND

Date of death 1990 ^{Month} 1 ^{Day} 4 ^{Years} 67 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Md.

Occupation Domestic Where Residing if not at place of death

~~Married, Single~~ or Widowed Name of Wife or Husband Ezra Summers

Father's Name John Bostetter Father's Birthplace Md.

Mother's Maiden Name Maria Brumbaugh Mother's Birthplace "

Name of person giving Information Norman Holsinger How related to deceased Nephew

CAUSES OF DEATH

Primary

Pneumonia -

How long

Some weeks

Immediate

Recovery from Pneumonia

How long

Some weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas R. DeFint
Hagerstown

Accident or Suicide

Am Boyle

Coffman

Broadfording

A. H. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wiah E. Summers* County *Washington* State *MARYLAND*
Died at *Halfway* Town
Date of death *1910* Month *1* Day *15* Age *52* Years Months *6* Days *5*
Sex *Male* Color or Race *White* Birth-place *Md.*
Occupation *Farmer* Where Residing if not at place of death _____
Married, Single ☒ Widowed Name of Wife or Husband *Annie Summers*
Father's Name *David E. Summers* Father's Birthplace *Md.*
Mother's Maiden Name *Mary C. Schidtnecht* Mother's Birthplace _____
Name of person giving Information *Opha Summers* How related to deceased *Brother.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular Heart Disease* How long *Don't Know*
(Sudden Death)
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. M. Wertz*
Address *Hagerstown*
☒ Accident or Suicide

Dr. Henry Coffman
Barnabur.

A. K. Coffman

Name
in
Full

Howard E. Tolover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sharpsburg ^{Town}		Washington ^{County}		MARYLAND	
Date of death	19 10	Month Jan	Day 1	Age —	Years —
Sex Male		Color or Race Colored		Birth-place Sharpsburg	
Occupation none			Where Residing if not at place of death —		
Married, Single or Widowed Infant		Name of Wife or Husband —			
Father's Name Edward Tolover		Father's Birthplace Shepherdstown			
Mother's Maiden Name Minnie E. Clark		Mother's Birthplace Keedysville			
Name of person giving information Millard F. Clark		How related to deceased Grandfather			

CAUSES OF DEATH

(151) ✓

How long **About 4 hours**

How long **—**

PHYSICIAN
OR CORONER

Primary	Must have had a weak heart	
Immediate	—	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician C. H. Harrison
		Address Sharpsburg Md
Accident or Suicide? —		

Chas. S. Wade
undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David Teisher Troup

Town *Hagerstown* County *Wash.*

Died at *Hagerstown*

Date of death 19*80* Month *1* Day *17* Age *80* Months *9* Days *26*

Sex *male* Color or Race *white* Birth-place *md.*

Occupation *Retired Farmer* Where Residing if not at place of death *same*

Married, Single or Widowed *widower* Name of Wife *Louisa Baer Troup*

Father's Name *John Troup Sr.* Father's Birthplace *md.*

Mother's Maiden Name *Mary A. Teisher* Mother's Birthplace *md.*

Name of person giving Information *James Troup* How related to deceased *brother.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *One day*

Immediate *Paralysis* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas B. DeLoach* Address *Hagerstown md*

Accident or Suicide *yes*

E. M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

Otho L. Turner

Town

County

MARYLAND

Died at near Hudysville

Hash

Date

Month

Day

Years

Months

Days

of death 1900

Jan

22

Age

15

4

23

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Maryland

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Boyd Turner

Father's
Birthplace

Virginia

Mother's
Maiden Name

Lida B. Lawrence

Mother's
Birthplace

Maryland

Name of person giving
Information

Boyd Turner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Lymphoid Fever

How long

2 1/2 days

Immediate

New. D. Fever

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. S. S. Davis
Boonsboro

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

5-14



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

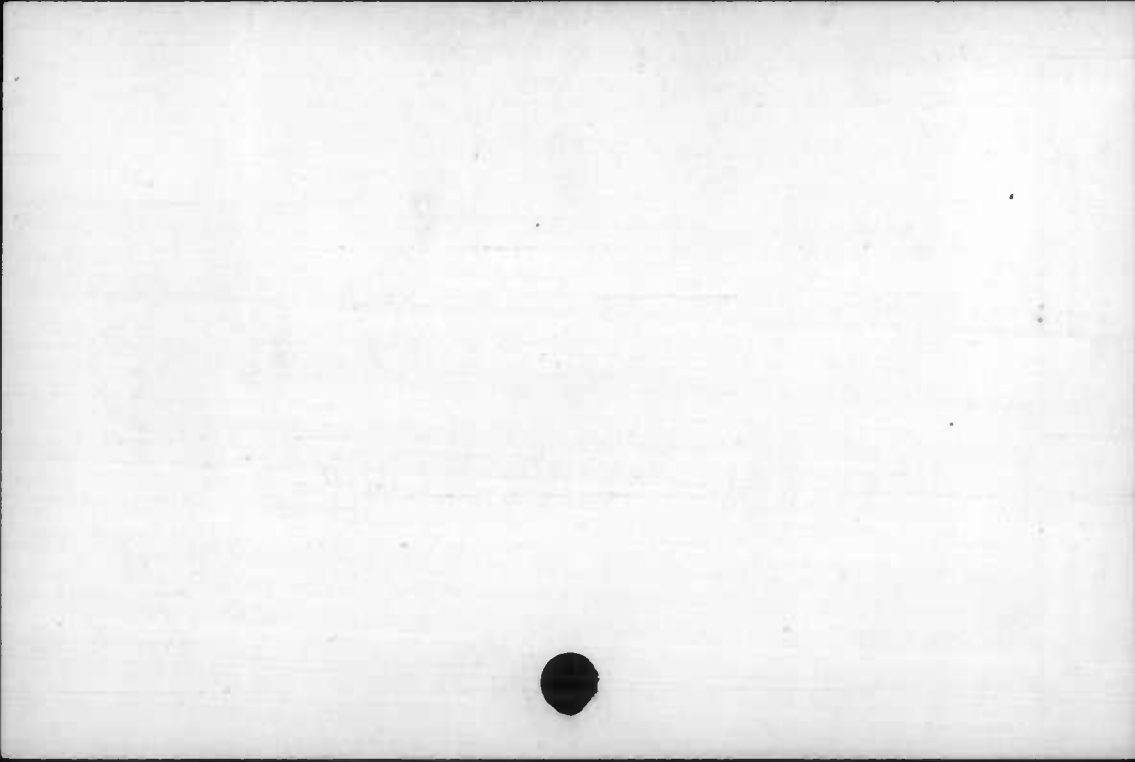
Name in Full <i>Minnie Pearl Wade</i>		Town <i>Cascade</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>29</i>		Years <i>13</i>	
Date of death <i>1940</i>		Months <i>3</i>		Days <i>24</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cascade, Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Charles Edsworth Wade</i>				Father's Birthplace <i>Middleburg, Md.</i>			
Mother's Maiden Name <i>Mary A. Routson</i>				Mother's Birthplace <i>Silver Run, Md.</i>			
Name of person giving information <i>Chas. E. Wade</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92 ✓

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Seven days</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Jos. Protzman</i>	
		Address <i>Smithsburg, Md.</i>	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born Child of ^{Wm} ⁶¹ ^{Washington} ^{County} ^{Maryland}

CERTIFICATE OF DEATH

Died at Near Hagerstown Washington

MARYLAND

Date of death 1908 ^{Month} 1 ^{Day} 19 ^{Age} ^{Years} ^{Months} ^{Days}

Sex Female Color or Race White Birth-place MD
Occupation _____

Where Residing if not
at place of death _____

Married, Single
or Widowed _____

Name of W.ife or
Husband _____

Father's Name Wm Watkins

Father's Birthplace MD

Mother's Maiden Name Annie Pearce

Mother's Birthplace MD

Name of person giving
Information Wm Watkins

How related
to deceased Father

CAUSES OF DEATH

Primary Still Born

How long _____

Immediate ✓

How long _____

Are the name, age, sex, color, date
and place correctly given above? ✓

Signature of Physician E. C. Wankar
Address Hagerstown

Accident ✓ Suicide _____

J. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jesse William Weaver

Died at *Hagerstown* *La P. O. Washington* *Washington* *MARYLAND*

Date of death *1909* *Jan.* *2nd* *Age* *76* *Months* *2* *Days* *15*

Sex *Male* Color or Race *White* Birth-place *Balto. Co.*

Occupation *Laborer* Where Residing if not at place of death

Married, *Single* or *Widowed* Name of Wife or Husband *Sarah Ellen Weaver*

Father's Name *Unobtainable* Father's Birthplace *Balto. Co.*

Mother's Maiden Name *Unobtainable* Mother's Birthplace *Balto. Co.*

Name of person giving information *Jesse Weaver Jr.* How related to deceased *Son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *Six hours*

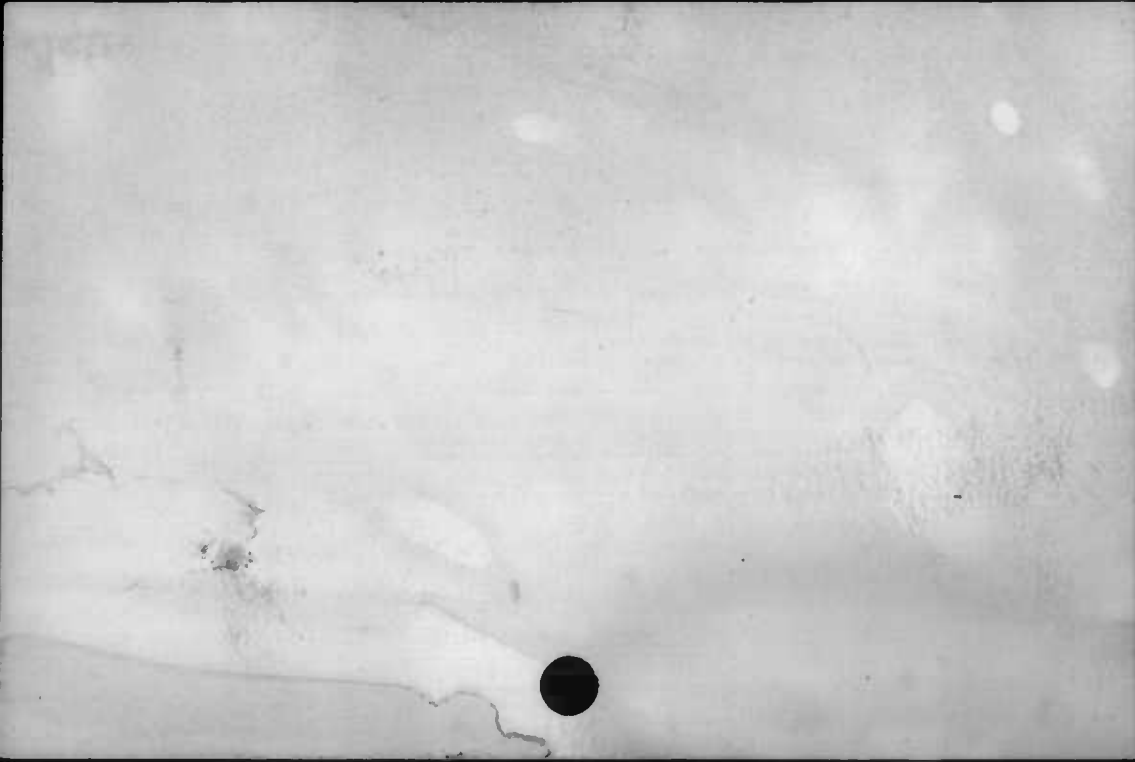
Immediate *Cardiac Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Hodges*

Address *Hagerstown Md*

Accident or Suicide? *No*



Name
in
Full

Chas. Milton Hiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* Town *Washington* County **MARYLAND**

Date of death 1901 / 1 / 28 Age 7 Months 7 Days 2

Sex *Male* Color or Race *White* Birth-place *Hagerstown, Md*

Occupation *Child* Where Residing if not at place of death *Hagerstown*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George Miles* Father's Birthplace *Md.*

Mother's Maiden Name *Mary V. Munday* Mother's Birthplace *Md.*

Name of person giving Information *Geo. Miles* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Bichloride of Mercury Poison* How long *6 days*

Immediate *Acute Nephritis followed by Exhaustion* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *YES*

Signature of Physician *H. H. H. H. H.* Address *Hagerstown Md*

Accident or Suicide *Accident.*

C. J. Duncan
Rose Hill

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Jane Williams		Town Williamsport		County Washington		MARYLAND	
Died at							
Date of death		Month 1900	Day Jan	Age 77	Years 11	Months 12	Days
Sex Female		Color or Race White		Birth-place Williamsport Md			
Occupation Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband David Burton Williams					
Father's Name Robert Anderson		Father's Birthplace Franklin Co Pa					
Mother's Maiden Name Ann Eve Gruninger		Mother's Birthplace Williamsport Md					
Name of person giving Information James Humphrey Anderson		How related to deceased Brother					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grippe	How long	Two weeks
Immediate	Prostration	How long	Three days
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician W. J. Richardson	
Accident or Suicide		Address Williamsport Md	

July 26th 1910

J F Kreps Undertaker
Willsamport Ma

interred in River View Cemetery



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *N. V. Woolfolk* Town *Hagerstown* County *Wash.*
Died at *Hagerstown* *Wash.* MARYLAND
Date of death 1900 *1* Month *28* Day *25* Age *25* Years Months Days
Sex *male* Color or Race *white* Birth-place *Va.*
Occupation *Pharmacist* Where Residing if not at place of death *Basic City Va.*
Married, Single or Widowed *single* Name of Wife or Husband _____
Father's Name *J. W. Woolfolk* Father's Birthplace *Va*
Mother's Maiden Name *Mary B Bitt* Mother's Birthplace *Va*
Name of person giving Information *H. M. Sheetz* How related to deceased *brother-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *was dead when I saw him found dead* How long *(No inquest)*
in C & Pass depot How long _____
Immediate _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

E. M. Suter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *D. Wells Young*
Town *Hagerstown* County *Wash.*
Died at *Hagerstown* *Wash.* MARYLAND
Date of death 19*40* Month *1* Day *14* Age *25* Months *5* Days *2*

Sex *male* Color or Race *white* Birth-place *Va.*
Occupation *Watchmaker* Where Residing if not at place of death _____

Married, Single or Widowed *married* Name of Wife *Anna Young*

Father's Name *Daniel Young* Father's Birthplace *Md.*

Mother's Maiden Name *Emma Fayman* Mother's Birthplace *W. Va.*

Name of person giving Information *Mr J. S. Warham* How related to deceased *mother*

CAUSES OF DEATH

Primary *Laryngeal Tuberculosis* How long *4 months*

Immediate *Exhaustion* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. H. Warham*
Address *Hagerstown Md*

PHYSICIAN
OR CORONER

Accident *No*

E. M. Suter ^{and} Son